

# CHEMIST & DRUGGIST

The newswweekly for pharmacy

April 21, 1984

a Benn publication

PSNC 'charter'  
proposals:  
pharmacist to  
join contract;  
individualised  
payments;  
aided rational  
location;  
still 'cost-plus'

Students in  
conference

OTC update  
and special  
feature on  
travel sickness

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# CHEMIST & DRUGGIST

Incorporating Retail Chemist

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## COMMENT

At last PSNC's new contract proposals have been published in full (see p764-767)

after emerging briefly from Alan Smith's pouch when he was "down under" (*C&D*, March 31, p585).

Mr Smith now says the key decision was to stick with the cost-plus system and seek to eliminate its major defects — as well as reducing "slack" by the discontinuation of wholesaler discounts. Here PSNC's wish may soon come true, in one respect, if the Government reduces wholesaler profit margins as threatened: but the problem of parallel imports and the greater cost differentials found there will remain.

The premises' proposals would ensure that pharmacists who invest extra dispensary space are individually and proportionately rewarded. This theme is continued in the proposals to pay pharm-

acists who provide additional services on an item-of-service-basis through extra monies in the balance sheet. Sensible and fair, but will the Government cough up?

"Pharmacies for pharmacists" campaigners may be disappointed by the joint contract proposal, but what other realistic response could PSNC have advanced? If 80 per cent of FPC payments to pharmacists comprise drug costs and a further 7 per cent overhead costs, surely it would not be right for the entrepreneur-owner to have to wait for his employee pharmacist to stump up 87 per cent of the FPC cheque, as the professional service element only represents 13 per cent of it.

The proposals on rational location are, perhaps, the most important and require a positive commitment from the Department of Health that may be lacking. A proper pharmaceutical service can be provided only if pharmacies are located where they

are needed by the public and if they are adequately stocked, staffed and equipped.

An enhanced Practice Allowance, along the lines PSNC suggests, could perhaps ensure this and, the retirement incentive to eliminate unnecessary pharmacies is a nice neat sequitor. A significant Initial Practice Allowance would quite properly buttress any pharmacist responding to real public need. And, of course, a scaled additional pharmacist allowance scheme would enable second or third pharmacists to be employed as necessary so that comprehensive advisory and supplementary services could be offered.

So far so good. How closely the PSNC new contract proposals match those (still secret) of the DHSS remains to be seen, but they appear to keep alive many of the hopes of pharmacists while maintaining a balance of realism.



# Pharmacist to join new contract?

**"The basis of the NHS contract should remain cost-plus:" that is the main conclusion (a) of the Pharmaceutical Services Negotiating Committee new contract working party, set up to prepare "The Pharmacists Charter." Also, it says the pharmacist should join the contract.**

PSNC has discussed and amended the working party's proposals which now become Committee policy. However, they will be further debated at a series of 13 regional conferences in May, prior to discussion at the Local Pharmaceutical Committee Conference on June 10, and so may be subject to further amendment. By then the Minister may have produced his own contract proposals.

The Committee says arrangements must be made to rectify the major defects of the cost-plus system — averaging, lack of incentive, lack of individualisation, and the absence of increased remuneration for increased work and responsibility for primary health care.

"We consider the cost-plus basis of the contract as being payment in respect of the drug costs, the negotiated NHS share of operating costs, plus an agreed net profit margin — the latter to be added as part of the standard income per pharmacy," says PSNC.

The existing cost-plus system results in the maldistribution of remuneration, the penalising of efficiency and anomalies arising when averaging is applied to the discounting of net ingredient costs, in particular.

PSNC wants to see (b) a "reduction in suppliers' margins to contractors so that the discontinuation of discounting at retail level would be facilitated."

Drug costs make up 80 per cent of the payments by Family Practitioner Committees to pharmacy contractors, PSNC says. "We would support a reduction in the wholesalers' margin if this could be linked to a discontinuation of the current discounting." PSNC has said previously that wholesale discounts are not in the best interests of pharmacy.

The Committee would like to see standards periods of treatment allocated for a drug group — say 7, 14 or 28 days — to avoid wastage and eliminate dangers associated with unwanted medicines. It also recommends that GPs should be encouraged to prescribe by generic name.

The working party considered the

question of original pack dispensing in considerable detail but says that, while in the long term this development might be inevitable, it did not consider the report should contain any recommendation on it.

Instead of the periodical amendment of prices in the Drug Tariff (eg the prices change monthly but the amendments appear only twice a year) PSNC wants (c) "notices of prices changes in the PJ to rank as notification to all contractors of a change in drug costs."

The abolition of on-cost payment would have to be prepared by the setting up of a

## **'The existing cost-plus system results in the maldistribution of remuneration, the penalising of efficiency and anomalies ...'**

review body system: this would be the "lynch pin" of any new pharmacy charter. PSNC says that although the LPC Conference rejected the total abolition of on-cost: "...we consider that if the DHSS was prepared to accept an annual review body, as recommended by the Franks Panel, Conference might well be prepared to accept the abolition of on-cost."

PSNC recommends (e) that *On-cost payments should not be part of the 'Pharmacists' Charter' provided that annual negotiations take place under the direction of a permanent pharmacy review body.*

And the Committee recommends (f) that a "no strike commitment" be entered into "provided that agreement be reached on a permanent review body."

PSNC says the basic difference between

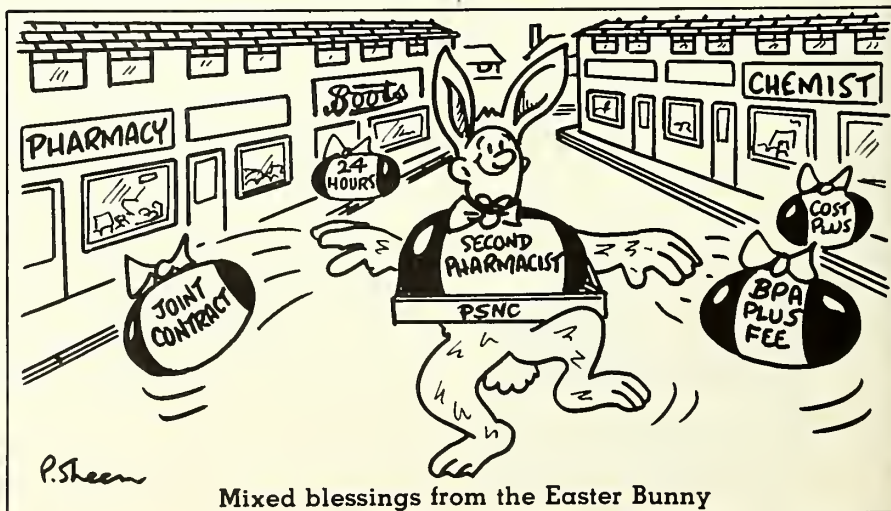
a review body system and the current pharmacy review panel are: a review body meets on a regular, rather than ad hoc basis; a review body undertakes a regular annual review of remuneration; a review body considers the total remuneration package rather than items in dispute; and an annual review system removes retrospective adjustments.

Once the review body's recommendation is agreed, the level of remuneration is fixed for the year. If the total sum paid is found to be more than that due; no retrospective clawback is applied. The matter is corrected by reducing the base level for the following year before updating occurs.

Similarly, if the amount due is more than the review body award then the base level is increased before updating occurs. Hence the review body system removes the necessity for retrospective adjustments either way and ensures regular annual and disciplined negotiations.

Another recommendation is (d) that: *"The 'Pharmacists' Charter' should emphasise the need to increase the advisory and counselling role of the pharmacist. The DHSS should pay for appropriate computer hardware and software to facilitate this role."*

PSNC says: "It is currently possible for the pharmacist to assist the doctor in improving his prescribing technique and habits through the regular monitoring of prescriptions. The development of computer systems, linked to patient medication records, will provide a statistical basis for this activity with consequent savings to the NHS. The pharmacist, with the aid of patient medication records, is able to positively influence patient compliance, note allergies to specific drugs, indicate contraindications, drug interactions and adverse reactions, and, by acting as a screening agent, could save on doctors' "



Mixed blessings from the Easter Bunny



consulting time and have a resultant saving in NHS drug costs."

And it says there is scope for further involvement of community pharmacists diagnostic testing, including urine testing to determine diabetes, pregnancy testing,

### '... the review body system removes the need for retrospective adjustments ...'

blood pressure monitoring and the provision of information and advice on family planning requisites.

The PSNC also recommends (g) that: *"The presence and availability of a pharmacist throughout contract hours be reflected in NHS remuneration."* It says because the Hours of Service Scheme specifies the hours during which a pharmacy shall be open to provide pharmaceutical service, the DHSS should pay 100 per cent of the first pharmacist's salary because he is required to be there at those times.

The recommendations covering unqualified staff (h) are as follows: *"Attention should be given to improving inquiry methodology for the purpose of determining the relevant labour costs, eg an annual inquiry into the numbers of staff employed and their annual salary and wage costs should be considered; (i) The NHS proportion of the cost of unqualified staff is settled by negotiation in the light of existing inquiry data, and (j) The cost of unqualified staff determined per (h) and (i) above be included in the standard income per pharmacy on an average basis as at present."*

The Committee says it is convinced that overhead costs should be reimbursed on a more individual basis with particular reference to rent, rates, and heating and lighting. The NHS share of these costs is at present reimbursed on an average basis in accordance with the formula recommended by the Pharmacists' Review Panel.

"We are aware that any departure from an averaging basis must involve financial gains and losses by individual contractors but the new basis would be more consistent with the principle of the cost-plus contract than the present arrangement."

Therefore it recommends (k) that: *"Arrangements be made for the individual reimbursement of the NHS share of property costs (rent, rates, heating and lighting) by means of a premises allowance; (l) The payments for drug security arrangements should be reimbursed in full to pharmacy contractors; (m) The premises allowance be calculated by reference to the proportion of space actually allocated to NHS work, applied to the actual costs incurred, and (n) Other overheads be reimbursed within the standard income*

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per pharmacy.

An appropriate formula to establish a net profit margin should be determined by a pharmacists' review body, PSNC says, to ensure the continuing viability of a pharmacy. It also considers the standard income per pharmacy should reflect a reward for risk and other factors normally remunerated by the profit concept, together with payments in respect of: pharmaceutical expertise and knowledge; business acumen; advisory functions; overall responsibility; control of capital employed, and risk factors. Standard income per pharmacy would therefore consist of proprietorial and managerial salaries, overheads not reimbursed on an individual basis and a return on capital and entrepreneurial enterprise.

Therefore PSNC recommends (o) that: *"The standard income per pharmacy should reimburse those costs not directly reimbursed including proprietorial and managerial salaries and recognising variations in perceived costs between prescriptions bands, together with a negotiated net profit margin; (p) The standard income per pharmacy be paid in the form of a Basic Practice Allowance and fee per prescription; (q) The professional fee should incorporate a fee scale relating to a fixed treatment period; (r) Provision should be made for repeat prescriptions, and (s) Arrangements should be made for the payment of a professional fee when a prescription has been presented but subsequently is not dispensed eg where the item is available more cheaply over the counter or following consultation with the prescriber."*

If a contractor employs a second pharmacist when dispensing more than 24,000 prescriptions per annum, an additional pharmacist allowance should be payable as part of the standard income per pharmacy, PSNC says. "We consider that the same principle would apply to all

### '... overhead costs should be reimbursed on a more individual basis ...'

subsequent pharmacists provided that the relevant number of prescriptions were dispensed and that an additional pharmacist was employed."

And PSNC says part payments for additional qualified staff cover should be introduced at intermediate stages. It recommends (t) that: *"Scale payments for additional pharmacists allowances should be incorporated within the 'Pharmacists' Charter'."*

Another recommendation (u) is that: *"The new Charter include arrangements and payments for domiciliary services to be*

*provided by pharmacy contractors on an item of service basis," and another (v) that: "(v) Payments for additional services in the health care field be negotiated separately and equivalent amounts be credited to the annual balance sheet."*

Turning to education PSNC makes three recommendations, that (w); *"The 'Pharmacists' Charter' should accommodate separate arrangements for the payment of postgraduate education allowances and expertise incurred; (x) Arrangements be made for the reimbursement, through a training grant, to the contractor of the initial training and education of pharmacy technicians; (y) The pre-registration training grant be continued."*

PSNC recommends (z) that: *"The principle of the Essential Small Pharmacies Scheme payments be continued."*

To take account of decisions at LPC conferences where the PSNC has been pressed to negotiate a well remunerated, statutory, twenty-four hour pharmaceutical service it recommends (aa) that: *"A well remunerated statutory out-of-hours service should be incorporated within the 'Pharmacists' Charter' whereby a*

### '... a joint contract between the pharmacist-in-charge and the pharmacy owner on the one hand and the FPC on the other'.

*pharmacist will be available throughout the full twenty-four hours of the day. The arrangements for the twenty-four hour service should be based on a scheme agreed locally by the Hours of Service subcommittees."*

Although the working party was not established as a policy committee, it considers there are certain policy matters on which comment is merited.

Because all its proposals are compatible with PSNC policy on rational location in general and on retirement payments, relocation payments, and initial practice allowance, it recommends (bb) that: *"PSNC policy with regard to rational location be reaffirmed."*

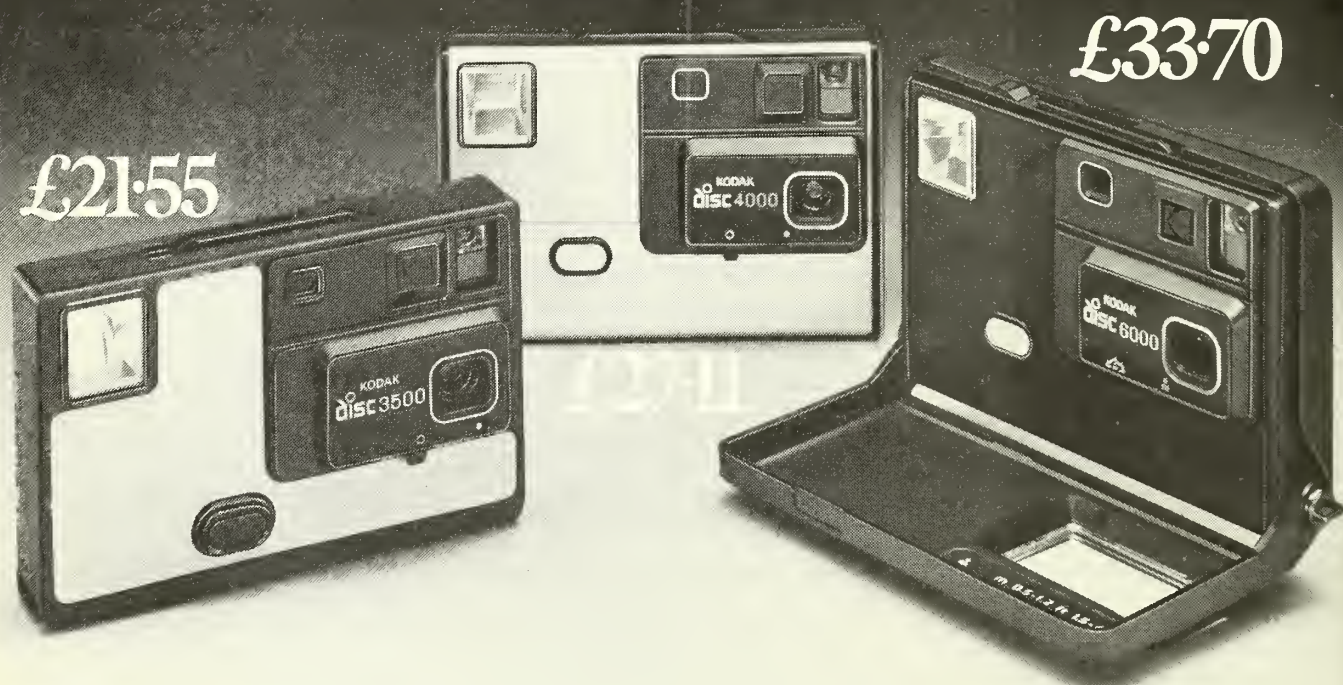
It considers that the need for direct supervision, the requirement that the pharmacist "shall" dispense all NHS prescriptions, and emergency arrangements are matters on which detailed submission should be made to the Nuffield Inquiry as appropriate.

Lastly PSNC recommends (cc) that: *"The NHS contract should be a joint contract between the pharmacist-in-charge and the pharmacy owner on the one hand and the FPC on the other."*

More on 'Pharmacists Charter' overleaf



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## More incentives for rational location

**Various financial incentives and disincentives should be introduced to promote rational location, PSNC says.**

These incentives and disincentives are a part of the new contract proposals which still require the approval of various national organisations and are, therefore, still subject to amendment.

The Basic Practice Allowance, currently at £2,400 per annum, should be increased to a substantial Practice Allowance related to a tangible and quantifiable part of the cost of providing the service, eg the NHS portion of the first pharmacist's salary or perhaps the NHS proportion of the fixed overheads, ie rent, rates, heating, lighting.

PSNC says the current practice of paying BPA only to a new pharmacy contractor opening more than one kilometre from an existing contractor, has not proved to be a sufficiently positive incentive to open in areas of need at its present level. "Raising the BPA to a more significant proportion of total remuneration may prove to be a significant contributory factor in achieving a system of rational distribution through incentives/disincentives."

The criteria currently used in awarding BPA's and the operation of the appeal procedure have worked well, says PSNC. However, it is anticipated that any withholding of a higher level PA is bound to be more controversial and it may be necessary to review the criteria for payment and the appeals procedure. For example, it may be necessary to establish the average number of prescriptions which may be dispensed by an existing pharmacy before a PA is granted to a new applicant within one

kilometre. Alternatively or, additionally, a specified ratio of patients per pharmacy may be necessary to establish the need for a PA. The facilities in the existing pharmacies, particularly the number of pharmacists employed, cannot be overlooked, PSNC says.

If the PA is substantially increased then this might tend to perpetuate some unnecessary pharmaceutical outlets, says PSNC. The payment could result in a pharmacy retaining enhanced NHS payments while the majority of its time, space and capital was associated with non-pharmaceutical sales.

To discourage the perpetuation of outlets which are not cost effective, a system of payment for relinquishing a dispensing contract should be introduced on a similar basis to the retirement payment for sub-postmasters — a lump sum gratuity.

For those who wish to commence in business an Initial Practice Allowance should be paid if they are willing to open a pharmacy more than two kilometres away from the nearest contractor in an area where it was deemed that a pharmaceutical need existed. PSNC says that if the two kilometre criterion was applied to the IPA then all of these contractors would automatically receive the BPA and probably the Essential Small Pharmacy payment.

The Essential Small Pharmacy payment, in addition to the BPA, should be continued as a positive incentive to open in areas which are sparsely populated, says PSNC. The Government should pay a relocation allowance where it would be advantageous for a pharmacy to be moved to a more appropriate and cost effective position.

"Contract relinquishment payment, relocation payment, and initial practice payment are all examples of better use of Government monies and are positive incentives to pharmacists to practice in

locations where their expensively acquired professional knowledge can be fully utilised," PSNC says.

Payment of an additional pharmacist allowance to those contractors who employ a second pharmacist and also dispense more than a minimum number of prescriptions (say 24,000 per annum) would encourage the amalgamation of pharmacies with a consequent saving in PA payments.

PSNC says that by positively encouraging pharmacists to amalgamate it would reduce the likelihood of unnecessary and uneconomic pharmacies opening and help to ensure that those in existence were able to take on their added responsibilities in the community health care field.

Where it is impracticable to provide a full-time pharmaceutical service, because of the limited hours of nearby doctors' surgeries and low population density, pharmacists should be encouraged to establish part-time pharmacies, says PSNC.

□ **Advisory services.** Pharmacists have traditionally taken on the role of advisers in community health care but have not been specifically reimbursed for this additional responsibility, says PSNC. The advisory role should be used in the Labour Costs Inquiry.

If all advice on symptoms was recorded as a dispensing activity then the pharmacist would be reimbursed via the global sum. Such a payment would increase the cost to the Department in fees paid for pharmacists but there would be a greater saving on the cost of drugs dispensed under the NHS.

PSNC says ideally there should be an injection of finance into the balance sheet to reward the advisory role. This would ultimately be self-funding because of the savings in drug costs and the consequent savings in dispensing fees and on-cost and a further saving in medical consultation time, by reducing the demand for prescriptions for relatively minor conditions.

■ PSNC chairman David Sharpe was interviewed recently on BBC Radio 4's "Medicine Now" programme about the "arcane world of PSNC." Subjects covered include wholesale discounting, parallel importing and how the pharmacist is paid.

Mr Sharpe said pharmacists wanted a more individualised contract but the Department of Health argue this is not possible. He said the Department inevitably would want a survey to determine the extent of parallel importing. Even then, unless it could be shown statistically that survey results related to every pharmacist "we would have a very difficult situation." Mr Sharpe said this would be all the more difficult because the range of PI discounts was much wider than those relating to wholesale discounts.

## Alan Smith says . . .

PSNC chief executive Alan Smith told *C&D* he thought the most significant decision in the new contract proposals was to stick with the cost-plus system rather than alternatives such as tendering or "horse trading." It was of course necessary to rectify the deficiencies of the system. It was then essential to take the "slack" out of the system, hence the proposal to abolish wholesale discounts.

Another major element of the proposals is the change in the additional pharmacist allowance, Mr Smith said. It would ensure the quality of service that could be offered

with an additional pharmacist was adequately rewarded.

Mr Smith thought the individual premises allowance was another significant step, as was the suggestion that the pharmacist could keep any discounts on drugs obtained by virtue of buying "efficiencies." However, discounts would have to be down to below 1½ per cent before this would be feasible.

The joint-contract proposal was a realistic response to the "pharmacy for pharmacists" campaign. It recognised that however much funding a pharmacy owner had, he still required a pharmacist to take up a contract. It also recognised that a pharmacist could not open a pharmacy without financial backing, however well qualified he was.



## Safeway opens but no contract

**Safeway opened their ninth pharmacy on Monday — but without an NHS dispensing contract. Like the grocery giant's other pharmacies it is part of a new superstore. But this time the store is in Crowborough, East Sussex, which has been designated a rural area.**

Failure to get the NHS contract through the Rural Dispensing Committee in time is being placed squarely on the local Family Practitioner Committee. A notice to customers on the pharmacy counter apologises for the lack of NHS service, stating that an application was made at the beginning of February — "well in advance of the statutory period" — but that it has not yet been processed. Patients were already being turned away within the first half-hour of the store's opening.

The Rural Dispensing Committee has confirmed that it has received a formal application from the company to open a pharmacy in Crowborough, but any ruling will be delayed until next month. The RDC still has to confirm that the area is rural in character.

East Sussex FPC says that to its



knowledge there has been no appeal against its rurality proposals. The 30-day appeal period comes to a close next week. The LPC secretary was not available for comment, but the Pharmaceutical Services Negotiating Committee says it has advised the LPC to appeal against the "blanket decision."

A PSNC spokesman described making Crowborough (population 17,500) a rural area "a nonsense decision." He also expressed surprise that "in view of the fact that Crowborough has been designated a rural area since the early '70s the application was not forwarded to the RDC immediately on receipt." *C&D* understands the designation made then was with respect to rural allowances paid to doctors and not with pharmacies in mind.

## Use of OTCs in the US

**The average American has one health problem every three days, but handles nine out of ten of these problems satisfactorily without professional help, according to research carried out for the US Proprietary Association on self medication.**

The survey, which involved 2,000 people including 500 children, shows that in 37 per cent of cases the problem was tolerated or ignored, or in 14 per cent treated with a home remedy (salt water gargle, baking soda on bee stings — not an OTC medicine). Non-prescription medicines were used to treat 35 per cent of

respondents, and prescription medicines already in the home 11 per cent. Doctors were only used in 9 per cent of cases.

Both sexes experienced most health problems equally. Pregnant women tended to use home remedies more and both OTC and prescription medicines less than others. Parents also treated their children's health problems more frequently than they did their own.

The overall level of satisfaction with OTC medicines was high at 92 per cent, although the majority, if at all possible, preferred to fight symptoms without taking medication. The pharmacist was a good source of information about OTCs according to 79 per cent of the respondents — 72 per cent said that advertising helps them learn what is available for what problems.

domiciliary oxygen therapy service which incorporated as a first step the phased introduction of a national cylinder delivery service directly to patients homes and subsequently the supply of oxygen concentrators. It was not until the end of March that the company agreed to have the details of the proposals made public," he told Mr Lewis Carter-Jones.

Since then four companies have approached the DHSS about concentrators.

## Dispensing GP 'over-prescribes'

**A dispensing doctor is to have £10,000 withheld from his salary after allegations that he prescribed too many drugs.**

Lanarkshire Health Board made the decision following a probe by the area medical committee into the dispensing practice run by Dr Sudequim Khan, of Blackwood. The doctor claims he has been unjustly treated and has lodged an appeal with Scottish Secretary Mr George Younger.

Mr Khan was permitted to dispense drugs to all his patients before a chemist shop opened in Blackwood. He denies he cleared his shelves of drugs by over-prescribing when he discovered the chemist's was to open.

"I totally refute that allegation," he said. "I can still operate a dispensing practice to some of my patients in outlying areas; therefore there was no need to clear my shelves."

"I still have several thousands of pounds worth of drugs in my surgery. Some of the drugs I was prescribing were advised for my patients by the hospital. I have a lot of old people who are chronically ill. They require strong, powerful, expensive medicine."

The doctor, who has 2,500 patients, claimed the health board asked police to investigate his practice. He said: "They never visited me but they called on some of my patients."

Dr Khan, who has been warned about excessive prescribing on three previous occasions, said he was highly regarded in the Blackwood area. "I am one of the best doctors in Lanarkshire," he said. "I run my surgery like a small hospital."

A spokesman for Lanarkshire Health Board said: "The doctor over-prescribed to such a gross extent that his colleagues in the area medical committee who investigated the case advised he be fined £10,000."

Dr Robert Lumsden, secretary of the local medical committee, said: "Everything the doctor did was legal. His gain is limited to the profit element of his dispensing. The board might be reporting the case to the General Medical Council but only after a possible appeal has been heard by the Secretary of State."

**NI prescription statistics.** Chemists and appliance suppliers in Northern Ireland in December 1983 dispensed 1,181,707 prescriptions (724,144 forms) at a gross cost of £5,134,124.13 with an average cost of £4.34.

## BOC proposal

**British Oxygen Company proposals to cut pharmacists out of the supply of domiciliary oxygen were made as early as September 1982. Mr Kenneth Clarke, Minister for Health, revealed last week.**

"The proposals were not invited. They comprised a scheme for a comprehensive



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# NEW ALBERTO BALSAM



## Upjohn appeal successful

**The injectable contraceptive Depo-provera is to be licensed for long term use, Mr Kenneth Clarke, Minister for Health announced last week.**

His original decision in 1982 to reject the Committee on Safety of Medicines' advice and refuse a long term licence led to a five day public hearing last April when manufacturers Upjohn appealed against the ruling.

Depo-provera will be recommended only for use in women in whom other contraceptives have caused unacceptable side effects or are otherwise unsatisfactory. The Department of Health is underlining the importance of patient counselling and advise the drug should only be prescribed to patients who are aware of and understand its purpose and drawbacks.

The appeal panel concluded that the product "offers an alternative and highly effective method of contraception and its mode of administration would make it uniquely valuable for some women. The

evidence at present does not support suggestions of major or life threatening risks to women using the drug.

"However it does have a number of drawbacks. Side effects are common, especially disruption of the menstrual cycle, amenorrhoea, or irregular or prolonged bleeding. These side effects can be unpleasant and distressing and, because of the long duration of action of the injection, are not readily reversible."

In the report three recommendations are made on the marketing of the product. Post-marketing surveillance should be undertaken to study the long-term effects of the drug on users in this country; product literature should contain reminders to doctors of the importance of patient counselling; and the company should provide simple leaflets for doctors to give to patients.

□ The panel which heard the appeal was not satisfied with the procedure and has recommended several changes. In its report the panel says it was the first hearing under Section 21(5) of the Medicines Act. The report recommends the section be amended to allow direct participation of interested parties other than the applicant company.

## New pay claim

Hospital pharmacists will be seeking substantial pay increases, emergency duty payments and many of the outstanding claims for conditions of service in their coming round of salary negotiations.

Ms Donna Haber, divisional officer, ASTMS, reported to a recent Guild council meeting that when the final wording had been agreed the claims would be put on the agenda for the next Pharmaceutical Whitley Council joint management and staff side meeting. The council is to ask Lord Ennals to propose a Private Member's Bill on emergency duty payments in the House of Lords, and to ask another MP to propose an adjournment debate in the Commons.

■ Registered nurses at their place of work have been authorised in pursuance of Regulation 10(3) of the Misuse of Drugs Regulations to be in possession of any drug specified in Schedule 2. The drug has to be supplied to the nurse by an authorised medical officer for administration to a patient, and must be kept in a locked receptacle, the key of which is in the nurse's possession.

# Get loaded v

### MORE STAYING POWER

In continuous tests Gold Seal produced performance averages that made other long life batteries look second rate – 37 hours longer in an electronic game, 560 more shots in an autowind camera, 4¼ hours longer in a stereo radio/cassette, to name just three examples.





# TOPICAL REFLECTIONS

by Xrayser

## Specious

In the "News" last week you may have read of the endorsement by NPA of PSNC's decision not to compile a list of contractors who do not parallel import. The reasons given by PSNC (through Mr D. Sharpe) take my breath away. They are in a nutshell:

Reason 1. Because it would probably be a "registerable restrictive agreement". What is restrictive about pharmacist contractors affirming that they are purchasing drugs at the list prices current in this country?

Reason 2. Because wholesalers might buy parallel, these contractors might be dispensing PI drugs without knowing. He has to be joking! In the first place the contractor will have paid UK prices; in the second if the pack, insert or presentation were different it would be challenged.

Reason 3. Because any attempt to pay pharmacists low rates for imported PI drugs would be unlawful discrimination, and prohibited under the Treaty of Rome.

So now we have the truth. The DHSS does not have us under a cost-plus contract. Therefore the discount clawback was illegal.

Furthermore, the extra profits being made by the PI boys are admirable and legitimate.

This from the chairman of the PSNC, which acts to protect the interests of all contractors. The NPA Board was in complete agreement with PSNC and the reasons given. Unichem, all is forgiven!

But let us go on. Mr Sharpe also reported that the DHSS had suggested there should be an inquiry into parallel importing (apparently there have been no PSNC moves for an inquiry) and there might follow an across-the-board clawback. We are told he made a mighty protestation against such a proposition, since the vast majority were not handling PIs.

And that's it? We are just asking to be dropped in the midden. All our representative bodies refusing to grasp the need to play honest with the DHSS.

I was wrong therefore last week when I said it was known that PSNC were working with the DHSS on the PI problem. I understand an approach had been made and took it for granted it would be welcomed. To John Davies then, I apologise. Rather sadly, in that I think it monstrous we should find ourselves, with three representative bodies behind us,

forced to set up separate action groups to demonstrate our integrity.

## Too tired

I came home tonight absolutely whacked. Then I remembered I had to gather my wits and start writing this column. My usual ploy when I'm not exactly sparkling with new ideas is to turn to the correspondence. And I was saved!

First letter. Marvellous collection of clichés, and well meant exhortations from David Ironside. He has earned a place by Edwin Evens for finding 300 words to say: "If you want to change Council, vote for people you think may alter it."

Third letter. Intriguing one this. Mr Gartside tells of a letter which a group of contractors have decided to send to their FPCs, the letter being an affidavit that those contractors have not, and will not indulge in parallel importing. I like the idea.

And finally, letter four, headed "Democracy". I've read "Conscript's" letter half a dozen times and still can't make out what it is about.

# h Gold Seal.

## MORE SHIFTING POWER

The Gold Seal launch was the most successful ever in the UK battery market. £3 million has already been spent on advertising. And a further £¾ million been allocated to a distinctive press and poster campaign telling your customers to 'Load It With Gold Seal'. They'll soon be demanding Gold Seal more and more. And when you find out how high the profits are, so will you.



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# What's wrong with the youth of today?



Spots. Most teenagers suffer from them at some stage. But they can be avoided.

That's why ICI introduced its new range of 'Cepton' skin cleansers. There's a Skin Wash, a Medicated Lotion and an antiseptic Clear Gel, for every-day skin care.

In the coming months Cepton will feature in an advertising and promotional

campaign aimed directly at the target youth audience. The campaign features:

- Full page colour ads in major teenage magazines
- 60-second commercials and sponsored programmes on Radio Luxembourg
- Free Trial Offer 50 ml Skin Wash with 150 ml bottle of Medicated Lotion (starting April)



## Stock up with Cepton. Spot the difference.

# Cepton





# PRESCRIPTION SPECIALITIES

## Aminoplex 24

**Manufacturer** Geistlich Sons Ltd, Newton Bank, Long Lane, Chester CH2 3QZ

**Description** Concentrated sterile and pyrogen-free solution of synthetic L-form amino acids providing 24.9g per litre of utilisable nitrogen. The solution is hypertonic (pH 7.4 ± 0.2) with an osmolality of 1,570mosmol/kg

**Indications** Intravenous feeding when a high level intake of protein amino acids is required in low fluid volume. Administration should also always be accompanied by concurrent administration of a suitable energy source

**Dosage** 250-1,000mls in 24 hours (70kg body weight) by central intravenous injection

**Contraindications** In irreversible liver damage and severe uraemia where dialysis facilitates are not available

**Pharmaceutical precautions** Discard if not fully used at one injection. Store at 15-25°C protected from light. Addition of other medication should be avoided. Some colour variation of the solution may occur. Slight deposition of amino acids may occur on standing: this should dissolve on shaking

**Packs** 500ml (£161.70 for 10)

**Supply restrictions** Prescription only  
**Issued** April 1984

■ The proprietary name for Arthur Cox's vitamin supplement sachets (C&D last week p708) is **Dayovite**, not as published.

**Epilim:** The foil packaging of 200mg and 500mg Epilim enteric coated tablets is to be replaced with foil blisters. The new pack of 10 foils × 10 tablets will be only two-thirds of the present size. *Labaz Sanofi UK Ltd, Floats Road, Wythenshawe, Manchester.*

**Generic gentamicin injection:** Lagap Pharmaceuticals have introduced a generic presentation of gentamicin injection. Lugacin injection comes in 2ml vials containing gentamicin 80mg in 2ml. (5 × 2ml, £6.37; 25 × 2ml, £31.82 trade). *Lagap Pharmaceuticals Ltd, Old Portsmouth Road, Peasmarsh, Guildford, Surrey GU3 1LZ.*

**Danolo capsules:** new blister strip packaging, capsule markings, and matching colour codes for capsules and cartons have been introduced. Danol pink/white capsules, each containing 200mg danazol and marked "Danol 200," are presented in pink/white packs, containing 100 capsules as 10 blister strips each of 10 capsules.

Danol-½ grey/white capsules, each containing 100mg danazol and marked "Danol 100," are presented in grey/white packs, containing 100 capsules as 10 blister strips each of 10 capsules. The new packs will contain patient leaflets explaining the colour changes. Packs of 50 capsules in the new colours will continue to be presented in brown glass bottles for the time being. *Winthrop Laboratories, Winthrop House, Surbiton, Surrey KT6 4PH.*

## COUNTERPOINTS

### Discounts on Kodak

Unichem are offering 10 per cent off the basic price of seven Kodak Cameras during June. These include three disc cameras — 3500, 4000 and 6000, two instant cameras — 930 and 950, the Kodak Ektra 200 camera outfit and the Kodak Ektralite 400. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

### Highlights for blondes

Colours for blondes are the latest offering from Henara. The cream colours ensure semi-permanent highlights, say the makers, and also condition the hair.

Shades include ash blonde, golden

*Chemist & Druggist 21 April 1984*

beige and beige blonde (60g bottle; £1.53). Special introductory prices are available from *Henna Hair Health Ltd, Classic House, 174 Old Street, London EC1.*

### Oilatum in 80g

Oilatum cream is now to be supplied in an 80g pack (£4.31, basic NHS £2.50) as well as the 40g size. *Stiefel Laboratories (UK) Ltd, Wellcroft Road, Slough SL1 4AQ.*

### Sweetex on TV

During the next four months £1m will be spent on television advertising for Sweetex Plus. Breaking April 23 the new 30-second commercial runs initially for 6 weeks. The national advertisement is a combination of live action and animated cartoon. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham.*

## The painless alternative to cutting or burning verrucaes and warts veracur gel



Verrucae can often be extremely painful and demand early treatment.

But treatment by cutting, freezing or burning can be even more painful! Typharm's Veracur Gel provides a simple, painless alternative treatment — suitable for warts on the feet and hands alike.

Safe for children. Convenient for adults. Causes no damage to surrounding tissue. Inexpensive too.

Twice-a-day application is usually sufficient, and patients can treat themselves. Available on FP10.

### ORDER NOW

But first, see page 791 and take advantage of Typharm's 'Double Bonus Offer' on this product and our Effercitrate tablets for relief of cystitis



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Typharm Limited, Ethical Pharmaceuticals Division, 14 Parkstone Road, Poole, Dorset, BH15 2PG. Telephone (04254) 79711



# FAMOUS NAMES EXPOSED IN THE FUJI FILM CELEBRITY CHALLENGE!

Uncover Britain's  
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Reveal Britain's  
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Picking these  
characters is just  
part of the fun of  
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Using skill and observation, the

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experts headed  
by Nigel  
Dempster, well  
known gossip-  
columnist of  
the Daily Mail.

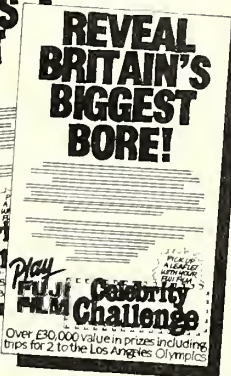
The winners share over  
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This novel family competition will  
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advertisements  
as well  
as a national  
press campaign  
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of course, a supply  
of scratch cards with  
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So, with all the  
extra sales  
opportunities coming  
your way, you've got  
every reason to make  
sure your Fuji stocks  
are up to scratch!



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*Including*

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- 2nd prizes: 6 Sanyo video recorders
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- RUNNER-UP PRIZES: 3,000 FUJICOLOR FILMS



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the Los Angeles  
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## The one to run with in '84

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Fujimex, Faraday Road, Dorcan, Swindon, Wilts. SN3 5HW. Tel: 0793 26211



# FUJI FILM WHOLESALE STOCKISTS



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03723 76151

**David Anthony Pharmaceuticals Ltd**  
Edwards Lane, Speke,  
Liverpool L24 9GH  
051-486 7117

**D. L. Kirkpatrick & Son Ltd**  
246B Newtownards Road, Belfast,  
Northern Ireland BT4 1HB  
Belfast 56346/53722

**Eastern Wholesale Chemists Ltd**  
Hunts Lane, Stratford,  
London E15 2QE  
01-519 2000

**Macarthy's Ltd**  
(H.O.) Chesham House, Romford,  
Essex RM1 4JX  
Romford 46033  
Units 39 & 40, Devonshire Road,  
Oakhill Trading Estate, Worsley,  
Manchester M28 5PT  
Farnworth (0204) 706516  
Lyon Road, South Street, Romford,  
Essex RM1 4JX  
Romford 46021  
2A Baring Road, Lee, London SE12 0PR  
01-857 5555  
98/100 Queensbury Road,  
Wembley, Middlesex HA0 1WF  
01-997 7751  
83 Brunswick Road, Thorpe Bay,  
Southend-on-Sea, Essex SS1 2UL  
0702 63251  
7-11 Glentanar Road, Balmore  
Industrial Estate, Glasgow G22 7UG  
041-336 5363  
Units D & E, Treceyndd Industrial  
Estate, Caerphilly, Mid Glam CF8 1WD  
0222 885921  
Austin Way, Old Walsall Road,  
Great Barr, Birmingham B42 1DU  
021-357 5441  
Unit D, Kingsville Road, Kingsditch  
Industrial Estate, Cheltenham,  
Glos GL51 9TT  
0242 25421  
Linstead House, 30-40 Brewery Road,  
London N7 9NH  
01-609 2244  
54 High Street, Weedon, Northants  
NN7 4QF  
0327 41101  
Imberhome Way, East Grinstead,  
W. Sussex RH19 1RN  
0342 24261  
Mason Road, Mile Cross Lane,  
Norwich NR6 6RF  
0603 49251  
Unit A, Ditton Trading Estate, Ditton  
Walk, Cambridge CB5 8RD  
022 05 5361  
Unit 1A, Eldonwall Trading Estate,  
Whalebone Lane South, Dagenham,  
Essex RM8 1HR  
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0752 29681  
3 Oak Lane, Bristol BS5 7XL  
0272 659531

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Aberdeen AB9 8DP  
0224 692553

Prince Regent Road, Belfast BT5 6RP  
0232 798333  
PO Box 81, Kingsland Trading Estate,  
St Philips Road, Bristol BS99 7HS  
0272 559893  
Church Road, Perry Barr, Birmingham  
B42 2LD  
021-356 6900  
3 Dyfrig Road, Ely, Cardiff CF5 5XH  
0222 564822  
Units 3 & 4, Kingstown Industrial  
Estate, Kingstown Broadway, Carlisle,  
Cumbria CA3 0HA  
0228 34461  
Macadam Place, Dryburgh Industrial  
Estate, Dundee DD2 3QS  
0382 89221  
4b Milton Street, Abbeyhill, Edinburgh  
EH8 8HF  
031-556 8281  
Lockfield Avenue, Enfield, Middlesex  
EN3 7QR  
01-804 2499  
PO Box 3, Cray Road, Foots Cray,  
Kent DA14 5BZ  
01-300 0191  
120 Lobley Hill Road, Gateshead, Tyne  
and Wear, NE8 4YR  
0632 605181  
(Hatrick Branch)  
2 Alma Street, Glasgow G40 2UX  
041-554 8566  
Unit 2, 27 Kilbirnie Place, Tradeston  
Industrial Estate, Glasgow G5 8QR  
041-429 4661-5  
PO Box 1, 88 Bury New Road, Heywood,  
Lancs OL10 4RQ  
0706 69931  
PO Box 56, Stoneferry Road, Hull  
HU8 8EE  
0482 24781  
Stallings Lane, Brierley Hill,  
Kingswinford, W. Midlands DY6 7LB  
0384 296000  
PO Box 12, Bruntcliffe Lane, Morley,  
Leeds LS27 8TR  
0532 537131  
Unit 7, Cosgrove Way Industrial Estate,  
Luton, Beds LU1 1XL  
0582 417485  
373 Cannon Street, Middlesbrough,  
Cleveland TS1 5TQ  
0642 244361  
Meadows Industrial Estate, Crocus  
Street, Nottingham NG2 2GB  
0602 865944  
Manor Avenue, Paignton, Devon  
TQ3 2HU  
0803 558531  
Fletcher Road, Preston PR1 7AD  
0772 795088  
8 Bridgewater Close, Reading, Berks  
RG3 1LT  
0734 582661  
Stonefield Way, Ruislip, Middlesex  
HA4 0PR  
01-845 2323  
6 Brett Driver, Bexhill-on-Sea, Sussex  
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0424 220404  
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Southampton, SO3 2GN  
Botley (048 92) 3331  
135 Gors Road, Swansea SA5 8LX  
0792 53271  
43 Spindus Road, Speke Hall Industrial  
Estate, Liverpool L24 1YB  
051-486 8661

## COUNTERPOINTS

### Sun preps: still moving up-market

Sun preparations will continue to move up-market in terms of product specification and unit value says the *April Retail Business*.

Consumers are becoming more aware of the damaging effects of sun-bathing and more sophisticated in product usage — one of the reasons for the increasing importance of aftersun products, which jumped from £1.8m in 1978 to £5m in the past year.

Women in the 35-45 age groups and AB, C1 socio-economic groups are the most intensive users, although numerically C2 consumers account for almost one-third of total consumption.

Characteristically three-quarters of sales occur May-August, with Winter sales remaining low despite the growing popularity of Winter sun or ski-ing holidays. Imports are becoming more important, says the report, accounting for up to 40 per cent of total sales, but exports remain small.

Altogether half of all sales go through Boots with retail chemists next in line, taking around one-fifth of the total market.

For 1984 the report predicts a return of volume to the pre-1983 level — around 11 million units instead of the past year's 14 million. It is unlikely that Britain will see two good Summers on the trot, says the report, which that would be necessary to maintain the high market level. *Retail Business, Economist Intelligence Unit Ltd, 27 St James's Place, London SW1A 1NT.*

### Piz Buin holiday offer

Piz Buin oils, milks and Classic Brown tanning lotions are carrying gold medallions offering £30 off holidays with selected travel agents. The holiday must be booked before December but can be taken any time prior to October '85. POS leaflets will be available.

Running alongside this, a trade promotion offers a free beach umbrella when stockists send in a picture of their Piz Buin window display. *Colson & Kay Ltd, Shentonfield Road, Manchester M22 4RW.*

### Sun display for Bergasol

Bergasol window display packs will be available from June, comprising a showcard, large sun, mini deckchairs to support the products, mini sunglasses and visors to adorn the bottle, two seascapes and two tiered display platforms.

Retailers keeping the display in the window for two weeks will be entitled to enter Bergasol's window display competition, by sending a photograph in to the company before July 31. The winners — one in the North and one in the South — will spend a weekend for two in the South of France. Thirteen regional winners will receive a Bergasol deckchair. *Chefaro Proprietaries Ltd, Science Park, Milton Road, Cambridge CB4 4BH.*

### More Wet Ones

For Summer 20 per cent extra free will be offered on the 50s and 70s tubs of Wet Ones moist wipes.

A regional television campaign with a new commercial showing the benefits of the handy pack will run in June and July. Sampling activity will take place via *Ms London* magazine and POS includes a counter unit and dump bin. *Sterling Health, Sterling Winthrop House, Surbiton, Surrey.*



## Lighter waves with Gillette

Taking advantage of the growing demand for hair styling aids Gillette are offering Lightwaves Body & Style — a product that has advantages over gels and mousses in that it lasts through shampoos for up to eight weeks, say the makers.

As well as giving fullness and manageability the product is gentle enough to be used on coloured hair say Gillette.

A £250,000 spend will support the



product, including money-off coupons in women's magazines and a 6 million door-to-door coupon drop. New POS material will be available.

Gillette are also up-dating their permanent colour product — Casual. Packaging has been re-designed to appeal to old and young alike and contains on-pack instructions and information on colour results. A 6 million coupon drop will also support Casual, plus advertorials in major women's magazines and a national promotion with Mecca, distributing 1½ million coupons. Display systems and shade charts will complement the new pack. *Gillette (UK) Ltd, Great West Road, Isleworth, Middx.*

## Shulton offers

A seven day introduction to the Sans Soucis repair line comes in a beauty box containing 15ml cleanser and toner, 5ml day and night cream and 10ml mask (£3.95).

A cotton beauty bag with plastic lining and drawstring closure is also available from June, free with any two purchases of Sans Soucis. Both offers will be supported with showcards.

For the Cie fragrance range a rocaile necklace will be given free with the 30ml cologne spray in May and June. Displayed in crown packs the sprays come in merchandisers of 15 (£33.44). *Shulton (GB) Ltd, Alexandra Court, Wokingham, Berks.*



Aloe vera, with its protection and conditioning qualities makes an ideal ingredient for the new Henna mousse range, say the makers.

Containing henna, jojoba and aloe vera the new range includes two shampoos and conditioners for normal and dry hair in a creamy mousse consistency (£2.95 each) and a styling set (£2.75).

Available in 175ml cans the products come in packs of six and special introductory units will hold a mixture of 30 products. *Henna Hair Health Ltd, Classic House, London EC1V 9BP.*

## Kodak awards

The 1984 Kodak Awards for Quality begin this month, running through to November.

Open to all independent photofinishers using "Ektacolor" paper, results continue to be based on marks obtained in the Kodak Monitoring Service and on the quality of prints. This year finishers processing disc films will also be required to make regular returns to the monitoring service.

Finishers achieving the Kodak Point Standard will be listed in the Kodak monthly Table of Merit, while those achieving the silver and gold awards will receive £50 and £100 respectively. *Kodak Ltd, PO Box 66, Kodak House, Station Road, Hemel Hempstead, Herts HP1 1JU.*

## Vichy launch body milk

Moisturising body milk is the latest addition to the Vichy range (200ml, £3.75). It is a milky emulsion to stop the skin drying out and contains sesame oil and collagen. The product will be available from June 1. *Vichy (UK) Ltd, Ashville Trading Estate, 15 Nuffield Way, Abingdon, Oxon OX14 1TJ.*

## Goya join snooker team

Goya International have teamed up with the snooker champions organisation — Matchroom — headed by Barry Hearn and including Steve Davis, Terry Griffiths and Tony Meo, to launch a new range of men's toiletries in the Autumn. Details will be announced in the Summer and the range launched in the pre-Christmas period.

Existing Goya ranges are offering special prices and extra free promotions. Cedarwood talc and aftershave lotion will carry 100 per cent extra free, while the bodysprays are on offer for £0.89 and the body and bath products for £0.99. The special prices are displayed on blue strips featured on the packaging.

A new merchandiser is also available for the bodysprays, holding 48 products and displaying the special prices. *Goya International Ltd, Badminton Court, Amersham, Bucks HP7 0DE.*

## Blasé size

Blasé eau de toilette aerosol will be available in a 48ml glass aerosol (£5.75) from May at an introductory price of £4.50. *Max Factor Ltd, PO Box 3, Frances Avenue, West Howe, Bournemouth KT6 7LU.*

## ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television		C4 Channel 4

Alberto VO5 mousse:	All areas
Cidal soap:	Bt, C4
Pond's cream & cocoa butter:	Ln, Sc, So, A, B, G, Bt
Corimist:	M, Lc, Y, Sc, So, U
Cussons Pearl:	All areas
Cosifits:	All areas
Hermesetas Gold:	All areas Bt, C4
Insette mousse:	NE
Matey:	All areas
Oil of Ulay:	Ln, M, So, U, B, G, NE, Y, Sc, Lc
Oral-B Zendium:	Ln, M, Lc, So, NE, A, Bt, C4
Radox:	All areas
Reactolite Rapide:	All except U, Bt, C4
Simple soap & skincare:	Bt
Soft Step sandals:	All areas
Styliste mousse:	C4
Sweetex Plus:	All areas
Varta Energy 2000:	Ln, Y, So, U



# Caladryl\*



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for sunburn and insect bites.**

**An excellent recommendation for your customers.**

Data sheet available on request from Warner-Lambert (UK) Limited, Southampton Road, Eastleigh, Hampshire SO5 5RY. Tel: 0703 619791

**WARNER  
LAMBERT**

**PARKE-DAVIS**

\*Trademark R83325



## Numark in May

The Numark national promotion to run in-store May 14-26 incorporates the second part of the Numark family favourites consumer competition, with £8,000 worth of cash prizes. In it Colgate will be offering a consumer on-pack "£1 Cash Back" on the large size of dental cream regular and blue minty gel.

Main lines on promotion include Sunsilks hairspray, Harmony colour, Colgate dental cream, Nice n' Easy, Head & Shoulders, Milupa infant foods, Carefree, Pampers, Sweetex Plus, Cussons Pearl soap, Vosene shampoo, Body Mist aerosol, Kotex Simplicity and Freedom towels, and Wilkinson Double-edged blades.

Intermediate lines include Matey, Listermint, Eucryl toothpowder, Supersoft Once shampoo, Robinsons barley waters, Astral cream, Handy Andies, Delrosa and Quickies. All these products will be advertised in the national Press and Ulster TV.

RPM specials include Anusol suppositories, ointment and cream, Andrews health salts, Sinutab, Germolene footspray, Listerine, Solarcaine, All Fresh clean up squares, K-Y jelly and Otrivine hay fever decongestant. *Independent Chemist Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

## Lil-lets celebrate 30 years

Lil-lets are to have the biggest promotional spend since their launch 30 years ago. Appropriately, for this pearl anniversary, an on-pack offer will allow consumers to send off for a simulated pearl necklace and matching earrings (£4.99).

The jewellery, normally retailing at around £16, will be offered on flashed packs of 20s and 40s, in all absorbencies. The economy pack of 40 Lil-lets will also contain four extra tampons free.



A heavyweight advertising spend of £1½m in the four months to July will promote the theme "Lil-lets anniversary presence". It includes women's magazines, the *Sunday* magazine and a five-week campaign on Radio Luxembourg. New press advertisements are aimed directly at the 13-16 age group, and "Kevin and Sharon" will continue to promote the offer on radio.

"Lil-lets have now provided the key to freedom for 30 years... this offer, together with the impact of the heaviest advertising campaign ever for the brand will help make 1984 another record breaking sales year", says Lilia-White's product group manager Andrew Frost. *Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

## High fibre Fiblet

A combination of apple pulp and potato pectin form the basis of new high fibre tablets from Newform. Fiblet contain 75 per cent dietary fibre, say the makers, and come in small (125 tablets, £1.99) and economy (225 tablets, £2.99) unbreakable plastic bottles. A full content analysis is printed on each pack. *Newform Foods Ltd, Lowther Road, Stanmore, Middx HA7 1EL.*

## Keep cool with Wisdom

A free Wisdom "cool bag" to keep food fresh will be given to stockists with minimum orders of 12 dozen toothbrushes. Running simultaneously will be offers of 5p off Quest, mouth master and plaque master ranges, and 10p off banded pairs of Wisdom nylon. *Addis Ltd, Brushworks, Hertford.*

## Sure expands into solids

After the first major launch of a solid deodorant stick by Mennen (C&D March 10), Elida Gibbs are now set to do battle. Sure Solid (63g, £1.39) is an antiperspirant stick and will be backed by a £3m support programme — £1.6m on Sure Solid alone and the rest on the total range.

Available in May, Sure Solid is a smooth, white stick, completely dry on application, and economical in use, say the makers. It is a totally different kind of antiperspirant, they say, and will appeal to those users who dislike traditional products. Elida Gibbs conducted consumer research and found a high level of acceptance



among men who reject roll-ons as unsuitable applicators.

The product will be packaged in a white plastic container with the contents propelled by a swivel motion base. Graphics are blue and utilise the Sure "tick."

A trial price of £1.29 will introduce the stick, and advertising in posters and the Press will begin in May. The television campaign breaks in June and will diverge from the traditional Sure advertisement — concentrating on the product and its attributes. The copyline will be "a new dimension to protection." *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London.*

## Numark looks into POS

Research into types of merchandising materials chemists' would like is being undertaken by Numark. Questionnaires are being sent out with pre-paid envelopes, and as an added incentive chemists returning the forms will be entered for a free draw.

The Sun is sponsoring the draw and offering five holiday vouchers, each worth £100, as prizes. To qualify questionnaires must be returned by May 31. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

## Algipan rub

Histamine dihydrochloride is to be removed from Algipan rub. Directions for use will also contain the additional statement "repeat two or three times a day." The non-greasy cream base has been reformulated to give improved stability and the product is now packed in tamper evident tubes with a sealed nozzle which has to be pierced before the product can be squeezed out. New stocks will become available as the old are exhausted. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks.*

The Elastoplast mini kit retails for £2.59 and not £2.95 as stated in C&D March 31 issue. *Smith & Nephew Consumer, PO Box 81, Hessle Road, Hull HU3 2BN.*

*Chemist & Druggist 21 April 1984*



# COLLAR MORE SUMMER SALES WITH THE N°1

## N°1 IN GROWTH

Following a 28% growth in 1983, sales of the No. 1 hand preparations brand, VASELINE Intensive Care Lotion, have continued to grow dramatically in 1984: +72% in January and February. Undoubted proof, if it was needed, that our £1.6 million National TV advertising campaign is working and there is more to follow.



## N°1 IN THE SUMMER

VASELINE Intensive Care Lotion is the only hand lotion to consistently increase share throughout the summer period, due to its positioning and effectiveness as an 'after sun' lotion.

To ensure your customers buy even more this summer we are running a major on-pack consumer competition to win one of 40 Philips Solaria.

**VASELINE INTENSIVE CARE LOTION**  
**N°1 ALL YEAR ROUND**  
**CHECK YOUR STOCKS NOW**



**Chesebrough Ponds Ltd.**  
*Skin Care Business Builders.*



# PETER BLAKE RA. NOW





# PAINTING ON ILFORD HR.



Peter Blake's paintings have won him places in the Royal Academy and the Tate Gallery. As well as a C.B.E.

Before he puts brush to canvas, however, he picks up his camera.

Because he finds painting from photographs a great deal more convenient than painting from life. (His subjects wholeheartedly agree.)

Lately, there's been a new film in his camera. Ilford's new high resolution colour print film.

According to Blake, Ilfocolor HR is exceptionally faithful to nature's own colours.

He is also reassured by the film's high sensitivity and remarkable lack of graininess. Both help his camera to see exactly what he sees.

Moreover, he reckons that Ilford put as much care into their films as he puts into his paintings. From one batch to another, Ilfocolor HR's quality never drops.

Now, the eminent Mr. Blake's compliments are going to be featured in a new campaign to launch Ilfocolor HR nationally.

Full-colour, double page advertisements will tell your customers about the man, his work and his film.

With 35mm and 110 available in 100 ASA, and 35mm and Disc in 200 ASA, you'd better be ready to bring out the artist in them.

**ILFOCOLOR HR.**





# Now one capsule, once daily.



The dosage of Feldene has always been simple.  
Now it's even simpler. One Feldene 20 capsule  
once daily will suit most patients. The same dosage as  
before but in a single capsule.

With the vast majority of G.P.s currently prescribing  
Feldene, this new presentation represents a landmark  
in the treatment of arthritis with Feldene.

## NEW **Feldene**<sup>\*</sup>20 piroxicam <sup>\*</sup>Trade Mark

### The power patients prefer.<sup>†</sup>

**Prescribing Information** Indications: rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders. **Contraindications:** with active peptic ulceration or a history of recurrent ulceration. Hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria. **Warnings:** the safety of Feldene used during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have not yet been established. **Side Effects:** Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common. If peptic ulceration or gastro-intestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema mainly ankle and lower leg has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind; various skin rashes have been reported. **Dosage:** in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - starting with 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 20mg daily in single or divided doses; Feldene is not indicated for the long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40mg as single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20mg daily. **Basic N.H.S. Cost:** capsules 20mg coded FEL 20, pack of 30 £9.00 (P.L. 0057/0145) and capsules 20mg coded FEL 20, pack of 30 £9.00 (P.L. 0057/0146). **†** In a clinical trial the once daily dose proved to suit the vast majority of patients.

40067

Full information on request.

**Pfizer**

Pfizer Ltd  
Sandwich



# Pharmacists to prescribe selected POMs?

**A list of prescription medicines prescribable by pharmacists should be introduced — similar to that of the dental practitioners list. That was one of the motions passed at the British Pharmaceutical Students Association's 42nd annual conference in Birmingham, last week (see also C&D last week, p751).**

Ralph Niven, sports officer, proposing the motion, said that patient records would be obviously be needed but it would relieve doctors of some work and possibly benefit pharmacists in terms of extra marketing and sponsorship. It would also increase the pharmacist's professional standing, claimed Peter Neal, public relations officer, seconding.

Peter Joshua, London, agreed with the principle but he believed that more information on patients' disease states and concurrent treatment would be necessary to enable pharmacists to prescribe more potent medicines.

By prescribing and dispensing the profession could gain a "money grabbing" image, said postgraduate, Vince Bull.

**Reclassify GSL products:** The conference recommended that medicines included on the General Sales List by virtue of pack size alone should be reclassified as Pharmacy Only medicines.

Proposing the motion, Peter Neal said: "The law as it stands is a nonsense."

Customers are legally barred from buying any medicines in a pharmacy when the pharmacist is not present. But the anomaly is that many of the very same drugs are available in reduced pack sizes at all times from supermarkets and drug stores. He said: "The situation is making a mockery of the pharmacist's comprehensive training."

But there was a case for local general stores selling medicines, said John Young, Robert Gordon's Institute of Technology. It is not uncommon for the nearest pharmacy to be a £2 bus ride away in some parts of Scotland, he said. In such instances it would be sensible for some medicines to be available at the local store.

**Call for practice research unit:**

The conference carried a motion proposing that a pharmacy practice research unit should be set up as soon as possible. Helen McKnight, Western area co-ordinator, proposing the motion, said that such a unit already existed at Aston University but was on a voluntary basis. The proposed unit would be properly funded and have a director — running as a separate unit.

*Pharmacist & Druggist 21 April 1984*

**Curriculum changes:** Conference felt that there should be changes to the curriculum to ensure the increasing advisory role of pharmacists is catered for. The motion was one of two to be submitted to the branch representatives meeting in May.

Proposing, Mark Walker, International Pharmacy Students Federation liaison secretary, said when he started work he did not know how to apply knowledge gained at college. The undergraduate course needed to include more clinically orientated lectures. Tuition in communication skills was also lacking. When compared to other European countries the course in Britain was not so relevant to the work situation.

Sue Artley, Chelsea, said a lot of lecturers were aware that they needed to update some aspects of their tuition but that they had neither the time nor the funding to do so. To make the changes would result in chaos, she said.

Lorna McKenna, RGIT, said her college's course had become more clinical and apart from people resitting exams being affected by a change of curriculum it seemed to be running quite smoothly.

Delegates were urged to abstain by Peter Joshua, because by increasing the communications skills aspects of the course it would be regarded more as a social science qualification. "Students are not

supposed to be capable on their first day at work — that's what the pre-registration year teaches". Pharmacists need a working knowledge of drugs and a science base.

Peter Neal said the whole point is not to "fill the course with communication skills" but to increase the practical experience in the undergraduate course thus ensuring that the pre-registration year is a greater extension of the undergraduate course. He agreed with the need for science but wanted to standardise the clinical side.

Ralph Niven said more integration was needed between the pre-registration year and the undergraduate years. Pre-registration training was not such a formal learning year, he said. "It was often up to the individual to learn rather than being semi-spoon-fed". The motion was carried by a small majority.

**Oral exams:** A motion that the Society's inspectors should assess pre-registration students by oral examination was defeated. The scheme was intended as a safety-net, said proposer, Mark Walker. It would identify those students who needed further training. But it was felt that the pre-registration tutor was in the best position to assess the students' ability and that a conflicting result from an oral examination might reflect badly on the tutor.

**Continual assessment:** The second motion destined for the BRM in May was neither carried nor defeated. It called for continual updating and assessment of current pharmaceutical knowledge — said

*continued on p785*



The next British Pharmaceutical Students Association executive take office in June. They are from left to right: (back row) Ann Clohessy, Western area co-ordinator; Pushp Birdi, sports officer; Vivien Moffat, public relations officer; Tom Bisset, Northern area co-ordinator; Kay Westmoreland, Eastern area co-ordinator; (front row) Lance Broad, treasurer; Peter Joshua, president, and Penny Jones, secretary. The Pennine area co-ordinator and International Pharmacy Students Federation liaison secretary were not elected. They are to be co-opted onto the committee later in the year.



# Everyone will know where to find relief from cystitis.

**THE NEW MEDICINE**  
To reduce the misery of cystitis you need to reduce the pain. That's why Sterling Health have developed Cymalon. It works by changing the acidity of the urine (it's known as alkalinising) and so relieves the discomfort.

By taking Cymalon, and following the other helpful advice you'll find in the pack, you'll soon start to feel better again. That's because with less acidity, the inflammation has a chance to subside.

Of course, the sooner you start taking Cymalon the sooner it can start working so its worth keeping a pack handy just in case.

**AVAILABLE ONLY  
AT CHEMISTS**

Cymalon means that you can start treating cystitis symptoms as soon as they first appear. It's available from chemists without a prescription.

Each pack of Cymalon contains six sachets of powder.



You drink one of these mixed with water three times a day. The treatment lasts for two days and is easy and pleasant to take.

Even if your cystitis is caused by an infection and you need to see your doctor, you'll find that taking Cymalon will help to ease the pain until you can get to the surgery.

Cymalon means that at last you can treat your cystitis symptoms yourself. Right from the start.

And that has to be a relief in itself.

**Sterling Health**  
Cymalon is a registered trademark

**DON'T LET CYSTITIS  
MAKE YOUR LIFE A MISERY**

## Millions of women suffer from cystitis.

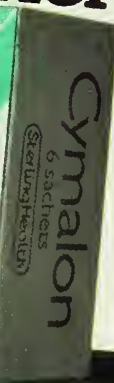
### Now you needn't.

## Cymalon

effective relief from the symptoms of cystitis

a complete  
48 hour treatment

**Sterling Health**



Cymalon is the first, complete 48 hour treatment specially developed for the symptoms of cystitis.

The six sachet course of Cymalon alkalinises the urine, providing effective relief from painful cystitis symptoms. And that's just what we're telling millions of cystitis sufferers with a £600,000 launch campaign appearing in all the leading women's magazines.

We'll be telling them, too, that Cymalon is only available from pharmacies.

And since interest and trial of Cymalon will be high, you'll be getting a lot of new business in an entirely new therapeutic area.

So cystitis sufferers won't be the only ones to be grateful **Sterling Health** for Cymalon.

Cymalon is a registered trademark



continued from p783

to be vital to the development of the profession.

**Compulsory medicals:** The conference recommended that the Pharmaceutical Society should introduce compulsory medicals for pharmacists reaching normal retirement age to ensure they are still fully capable of practising.

Proposing the motion Eilean Shearer, treasurer, said this did not imply that at retirement age one was automatically incapable but that there was a need to check pharmacist's competence.

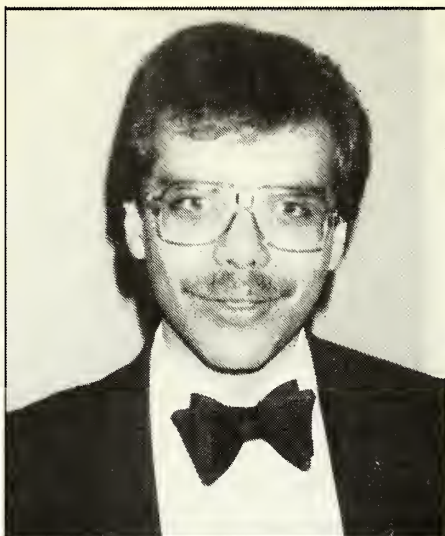
Peter Neal said it was in the profession's own interests. However, Matthew Price, London, said that mental and physical health could deteriorate in middle age and that maybe medicals would be necessary throughout working life.

**Indicate number of days treatment:**

Delegates agreed that the Pharmaceutical Society should make representations to the British Medical Association to ensure that the "number of days treatment box" on prescription forms is always completed by the medical practitioner. It was felt that by filling in the box GP's would be more aware of the quantity of medicines they were giving and that it would be one way to encourage effective prescribing.

Speaking against the motion, Vince Bull, postgraduate, said it would not reduce wastage because doctors would fill the box automatically. However, Janet Golden said it was a good idea because it would prevent different lengths of treatment for drugs on the same script.

**Books are needed:** Without a suitable literary back-up pharmacists could not offer high standard of service delegates decided. Every community pharmacist should at least have the most recent British



BPSA president, Peter Joshua, is currently studying for his finals and is to take up pre-registration training with Kingswood Chemists in Stamford Hill, London.

National Formulary, Association of the British Pharmaceutical Industry's data sheet compendium and Martindale as well as the Drug Tariff and Medicines and Poisons Guide, said Peter Neal.

Matthew Price said it would probably be cheaper to phone the relevant drug information service. But Christine Tobitt, secretary, said it would be quicker to refer to a book than to wait on the phone. Indeed most of the publications were free: Martindale and the Medicines and Poisons Guide "were not extortionate", Steve McEwan, president, pointed out.

The conference carried a motion calling for payment of hospital pharmacists on call. The motion also demanded payment each time they were called out and for the BPSA and PSGB to put pressure on the relevant bodies to attain these objectives.

☐ Next year's conference is to be held in London, organised jointly by Chelsea and Brunswick Square Schools of Pharmacy.

## Broaden base or lose sales

**Pharmacists need to broaden their educational base to include alternative therapies so that sales are not lost to "less professional" retailers.**

Mr Mervyn Madge, vice chairman, British Herbal Pharmacists Association, gave the opening in his talk tracing the rise of medicines and development of homeopathy and acupuncture.

Underlining that feeling the conference decided that instruction in homeopathic and herbal medicine should be introduced into undergraduate course curriculum.

Proposing, Tom Bisset, Heriot-Watt, said pharmacists were missing out on a growth

area. It was not good for the pharmacist's professional image if he had to claim ignorance in these areas and recommend that a customer go to the nearest health shop, he said.

Dai John, Cardiff, seconding the motion, said lectures on the subject could be incorporated into the pharmacognosy course perhaps making it more interesting. Pharmacists could not claim to be experts in health care if they knew nothing about herbal or homeopathic medicine, said Eilean Shearer, treasurer. However, Peter Neal said there were specialist practitioners in both areas, and that to teach pharmacists would involve an extension of the undergraduate course. There were already postgraduate courses available if a pharmacist felt he needed such knowledge, he said. But some instruction would at least provide a base to build on.

## Substitution not practical says Beckett

**Drug substitution is a good idea in principle but not practical until pharmacists have more information on equivalency of products, Professor Arnold Beckett, told the conference.**

He supported completely the idea that the pharmacists should substitute. "The pharmacist does know, should know, more about medicines than the doctor," he said. But there is not enough information on equivalency given to the profession for it to make rational decisions, he said.

The answer was for the Committee on Safety of Medicines to broaden its base terms of reference, he maintained. However, the cost of providing the information may mean that money would not be saved by generic substitution, Professor Beckett said.

There are many products which do not present problems, he admitted. Highly water soluble drugs in a tablet form would not be expected to be give difficulty. "But you cannot define the product by knowing the drug". Bioavailability of a drug depends on formulation, he said. For example 500mg ampicillin capsules which have been "slugged" in a high humidity to get all the material into the capsules act as a good laxative rather than an antibiotic. The ampicillin is released lower down the gastrointestinal tract than usual because under such manufacturing conditions the drug "sets like concrete", Professor Beckett explained.

Similarly with controlled release preparations there are examples of good and bad formulations. If not designed correctly they can stick to the gastrointestinal tract and produce perforation if the drug is irritant. Such formulation also will make decisions on equivalency even more difficult, said Professor Beckett.

Earlier in the conference delegates carried by a large majority a motion calling for an investigation to compare the financial and biopharmaceutical aspects of generic prescribing.

Christine Tobitt, proposing the motion, said that most of the discussion on generic prescribing had centred on financial savings. There had been hardly any talk about the safety aspects in terms of side effects and half lives of different generic brands, she said. And different brands could be dispensed by different pharmacies for the same patient.



## The case for the defence

**Last week's cautionary tale of how a gentleman pharmacist lost out to a dispensing doctor (p720) has prompted a pharmacist to submit this letter, sent by him to a pharmacist member of the dispensing subcommittee of the Family Practitioner Committee. The local doctor was prevented from adding to his list of dispensing patients.**

We are lead to believe that the local doctors surgery has applied to have "Anyland" classified as a rural area so that they may be justified in taking this area into their dispensing confines.

We wish to protest strongly and object to this application on the following grounds:

1. "Anyland" is not a rural area by any means in that it is mostly modern housing occupied mainly by younger families who have moved there through choice and are prepared to commute to their work.

Communication between "Anyland" and other local towns is by no means difficult. For example "Anyland" is only seven minutes by bus to "Targets ville" and there are up to seven buses running daily during normal trading hours. We also know of several customers who regularly walk from "Anyland" to "Targets ville" and this can therefore hardly be judged as rural.

2. Surgery hours. The present surgery is held in "Anyland" on Tuesday afternoon and Friday afternoon and we maintain that this is hardly good service. What happens during the remaining part of the week? The answer is that patients will have to come into "Targets ville" anyway. Since our pharmacy is only 100 yards from the surgery we maintain there is inconvenience in getting to the surgery, *not* the pharmacy. Our own pharmacy in "Targets ville" is open five and half days each week. We are on call and available for 24 hours of each day — a telephone number is boldly displayed on both entrances to the pharmacy so that we can be telephoned for prescriptions at any time. We also have in operation a by-pass telephone number which connects the pharmacy to home after working hours. When called upon I am at the pharmacy within 10 minutes. In addition we would be only too pleased to undertake a collection

and delivery service to a pick-up point in "Anyland," on a trial basis, if the Council wishes and will give agreement.

3. Viability. I must point out that in recent years the number of pharmacies in "Targets ville" has reduced from two to one, due in no small part to the fact that there is a doctor dispensing service in the town. We now note that the number of doctors within the surgery has increased from three to six. It would appear that extra income is being sought from the dispensing of prescriptions (the profession of the pharmacist) to maintain these extra doctor's salaries.

4. Current service. My pharmacy employs two pharmacists to offer the 24-hour service mentioned above. If our dispensing numbers are to be eroded by doctors who do not employ qualified dispensing staff, then the viability of maintaining two pharmacists would have to be reviewed.

We would point out that where rural dispensing is already carried out by the local surgery we are still expected to operate the non-profit making specialists services within these areas such as oxygen delivery, truss fitting, elastic hoisery fitting and advice and supply on ostomy equipment. We also note with concern that the doctors carry out what we term as "selective dispensing." They will dispense tablets to their rural patients but will ask them to call at our pharmacy for items requiring skilful preparation and compounding such as ointments, CD mixtures, expensive drugs which are used infrequently, and for drugs they are not prepared to carry in stock.

We strongly refute they offer any improved service to their patients, but rather the contrary, in that they do not offer the whole service but simply "convenience dispensing." Within the local surgery present rural patients must bring in a card requesting drugs and call back *the next day* to collect the items after the doctor has written and signed the prescription. This is not an improved service but an imposition on the patient.

5. Current surgery hours. May we also draw your attention to surgery hours within "Targets ville" where we are available during the full week including Saturday. The local surgery closes on Friday lunchtime carrying only the minimum staff to deal with emergencies. In such cases we are regularly called to dispense not only for the townsfolk but for the "rural community" when no one else is available.

In short it is the "Targets ville" pharmacy which is providing the service for rural patients and not the surgery — if their application is successful it will be one more nail in the coffin of another pharmacy.

I trust these points will help you to express our case at the hearing.

## Pelican fly in imports

Recently, I was offered cheap parallel imported medicines by the Pelican Drug Company operating from a small rock in the Bristol Channel.

The prices were very attractive, but I was a little worried because the tablets and capsules were imprinted with a logo depicting a pelican in full flight. Naturally I was concerned that patients presenting prescriptions at my shop might be confused to see their well recognised drug markings replaced by an embossed "flightless" bird on the wing. I would also have to explain why the cartons, leaflets, etc accompanying some medicines were in neo-channel Pelicanese.

I must admit that the probability that my professional colleagues would have to help pay for my shrewd Pelican purchases in the end did not bother me at all. Indeed the cut-price statements of Norman Fowler reassured me, as did the Council's vague, inexplicable policy on the matter.

Now, whenever I get a query from a patient, I merely suggest they write to Mr Fowler while agreeing with them that it is a pity that such men are in charge of the Nation's health. But then, in these days of a demoralised NHS, who cares?

Meanwhile, while awaiting the introduction of generic substitution, I am arranging the construction of an off-shore rig from which I hope to supply the whole nation with cheap drugs.

**Alan Pepler**  
Minehead, Somerset

## Continuing business...

As a result of an urgent request from our legal advisor being made to the European Commission, a special meeting of the anti-trust department of the Commission was convened on April 13. Further to this meeting a communication was sent by the Commission to the DHSS in which a demand was made for a scheme of provisional licensing to enable a continuance of business by legitimate parallel importers while they prepare their licensing submissions. The Commission have got a time limit of ten days in which the Secretary of State must confirm his compliance with its demands for provisional PI licences during the transitional period.

It is clear that any failure, on the part of  
*continued on p791*



# The ins and outs of motion sickness

**With the introduction of hydraulically stabilised ships motion sickness is no longer the scourge that it used to be. And the paper bags provided for air travellers, should they become sick, are indeed very rarely used. However, for a few individuals, travel sickness still mars otherwise pleasurable adventure and for specific groups remains a fearsome threat.**

The impetus for much of the research into the aetiology and treatment of travel sickness arose from the need to transport troops over long distances such as during the Vietnam war, and the need to safely send voyagers into space.

Articles on motion sickness are now commonplace in aviation journals throughout the world. All this recent research shows that our understanding of the condition is still inadequate and current therapy suboptimal.

In this article, an attempt will be made to briefly review some of the more recent thoughts on the subject and to discuss the comparative merits of OTC drugs for the prevention of travel sickness.

## Anatomy

Besides hearing, the ear is intimately concerned with positional equilibrium. This modality is served by the vestibular

apparatus which is composed of a functional membranous labyrinth enclosed within a protective labyrinth. Except for the cochlear duct all the other segments of the membranous labyrinth are involved in the control of equilibrium (Figure 1).

Within the utricle and the saccule are small specialised sensory areas known as maculae. Each of these two areas is covered by crystals of calcium carbonate called otoliths or otoconia, embedded within a gelatinous matrix. Sensory axons of the vestibular nerve synapse with the hair cells of the maculae which in turn project cilia into the gelatinous layers. Movement causes deformation of the cilia and appropriate impulses are conveyed to the central nervous system via the vestibular nerve.

Specialised sensory areas known as cristae are also found within the ampulae of the semicircular canals. Like the maculae of the utricle and saccule, the cristae are covered by a gelatinous layer and hair cells ensure connection with the central nervous system via the vestibular nerve. Flow of the fluid or endolymph within the vestibular apparatus leads to excitation of the nerve cells and hence relevant information about the position of the head and movement to be conveyed to the CNS.

Following evaluation of the incoming information from the vestibular apparatus and other sense organs, signals are relayed to appropriate structures of the body such as the extensor muscles, to maintain equilibrium. Interconnections within the CNS lead to activation of specialised centres, eg the vomiting centre. This explains why nausea and vomiting are also features of motion sickness.

## Theories

Several theories have been put forward to explain motion sickness. The simplest proposes that motion sickness arises from overstimulation of the vestibular apparatus. Observation of subjects suffering from motion sickness quickly shows that this theory is inadequate. For example, it is known that subjects develop motion sickness much more readily if exposed to existing sufferers. The smell of vomit rapidly induces symptoms of motion sickness even under conditions of mild motion. Likewise, the importance of visual sensory cues in the causation of motion sickness has been known for over a century.

With the availability of rotating rooms associated with space research, the sensory mismatch or conflict theory, hinted at so long ago, has been given a firm basis. In essence this theory holds that motion sickness arises because of a conflict of incoming sensory impulses with previously stored information. With the aid of this theory, adaptation and paradoxical responses such as 'mal de de

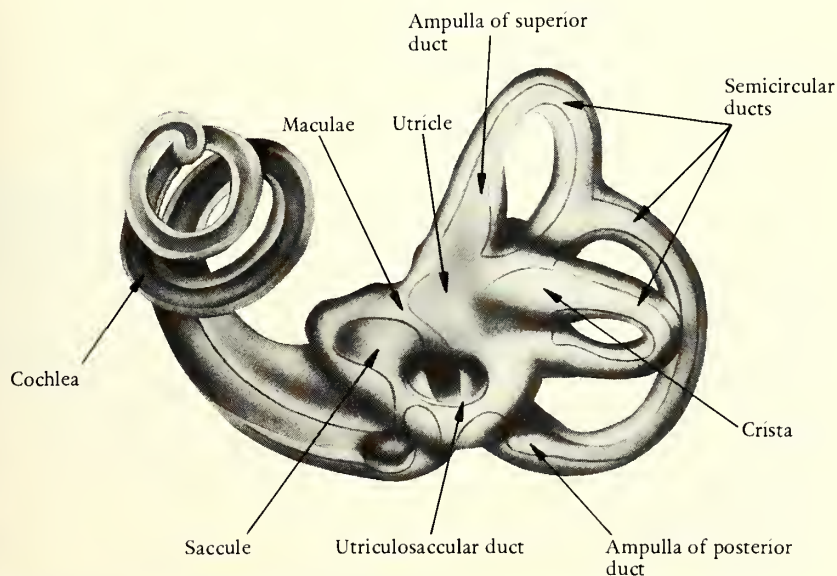


Fig 1. The membranous labyrinth, involved in the control of equilibrium.



## Travel sickness preparations:

Preparation (manufacturer)	Formulation	Price	Quantity
Avomine (May & Baker)	promethazine theoclate 25mg	£0.99	(10)
Bon Voyage (Cupal)	cyclizine hydrochloride 50mg	£0.75	(10)
Dramamine (Searle Pharmaceuticals)	dimenhydrinate 50mg	£0.79	(10)
Joy-rides (Stafford-Miller)	hyoscine hydrobromide 150mcg	£0.79	(12)
Kwells (Nicholas Laboratories)	hyoscine hydrobromide 300mcg	£0.73	(12)
Marzine (Wellcome Foundation)	cyclizine hydrochloride 50mg	£0.60	(10)
Sea-legs (Farley Health Products)	meclozine hydrochloride 12.5mg	£0.79	(12)
Stugeron (Janssen)	cinnarizine 15mg	£0.99	(15)
Sure Shield traveltabs			
	adult chlorbutol 150mg	£0.69	(20)
	children chlorbutol 75mg	£0.69	(20)
(English grains)			

*debarquement*" which is characterised by symptoms of motion sickness after offending stimuli have been withdrawn, can be readily explained.

Despite the elegance and success of the sensory conflict theory in explaining the gross features of motion sickness, it is not very useful in the design of more effective pharmacological prophylactic agents against the condition. The more useful information for this has come from better understanding of drug pharmacokinetics and more precise definition of the pharmacological properties of drugs hitherto used for the treatment of motion sickness. Equally important has been the availability of test systems such as the rotating rooms which are a little less fickle than ocean waves with respect to reproducibility.

An interesting theory arises from all the recent work in the noradrenergic-cholinergic imbalance theory. It postulates that motion sickness occurs when there is imbalance between activation of neurons sensitive to acetylcholine and neurons responsive to noradrenaline in the reticular system. Both types of neurons are activated by vestibular signals. It is suggested that excess acetylcholine within this system activates the vomiting centre while noradrenaline inhibits it.

Support for this theory comes from the observation that anticholinergic drugs such as the belladonna alkaloids and the antihistamines are useful prophylactics against motion sickness. An equally important observation is the effectiveness of drugs such as amphetamines which exert central noradrenergic activity.

## Prophylaxis

For OTC use only the anticholinergic drugs, but including the antihistamines, are available.

**Hyoscine or scopolamine:** Hyoscine, usually used as the hydrobromide salt, is regarded by many authorities as the drug of choice for prophylaxis against motion sickness on voyages not exceeding a few hours. Repeat dosing is associated with frequent adverse symptoms, notably dry mouth and blurred vision. The usual adult dose is 300 to 600 micrograms and higher doses do not confer any additional benefit. Limited trials show that transdermal delivery using controlled release devices significantly reduces the incidence and severity of adverse reactions. If this is confirmed by further studies, hyoscine in such a formulation may well become the drug of choice for all types of travel.

**Antihistamines:** Commonly-used antihistamines for the prevention of travel sickness include meclozine (mecizine), cyclizine, promethazine, dimenhydrinate and cinnarizine. Promethazine as an elixir

makes it a good choice for children but there is generally little need to give prophylactics to subjects who have not previously suffered from travel sickness. Infants rarely suffer from it.

The antihistamines listed have a longer duration of action than hyoscine and are therefore preferable for more lengthy journeys. Promethazine and meclozine are longer acting than most of the other antihistamines. Adaptation, however, often develops during longer journeys. Based on the latest theories on motion sickness it seems likely that the newer peripheral antihistamine compounds will be ineffective in the prophylaxis of travel sickness and should not be used for this purpose.

The terminology for describing the salt or complex forms of some of the antihistamines may be confusing. For example, dimenhydrinate is the theoclate or 8-chlorotheophyllinate of diphenhydramine. It offers no advantage over the parent compound and may well add to the side effects.

The use of antihistamines during pregnancy is still controversial but most informed expectant mothers will probably wish to avoid their use for the prophylaxis of travel sickness.

Much recent work has re-emphasised the prolonged adverse effects of antihistamines and hyoscine on mental alertness and motor co-ordination. This clearly needs to be conveyed to patients.

## Conclusions

Under normal conditions of travel, the available prophylactic agents against motion sickness score a high success rate. Heightened mental activity is known to decrease susceptibility to motion sickness. Drivers, for example, rarely develop travel sickness even though their passengers do so. Numerous studies have shown that there are wide variations in individuals' susceptibility to the condition although personality correlates of motion sickness are still controversial and much researched.

A recent report suggests that ginger might be a useful prophylactic agent against travel sickness. Why this should be the case is a puzzle but patients who are going "natural" will no doubt welcome this study.

When pharmacological agents fail to give protection sufferers can always eschew passive motion and resort to a self-propelled mode of locomotion since the latter has not been associated with motion sickness. Alternatively, the sufferers can take comfort in the knowledge that even fishes are susceptible to sea-sickness when transported in tankers across the oceans.

**This is one of a series of "pull and and keep" articles on OTC topics by Dr Alain Li Wan Po, department of pharmacy, Aston University.**



# Pharmacists reach for success

The travel sickness market is one in which the selling depends very much on the pharmacist: consumer advertising seems to have little effect on sales, according to May & Baker's OTC products manager, Simon Fitall.

That view is backed by M&B's claim to offer a better margin on Avomine than other manufacturers do on their own travel sickness remedies. Other companies too are offering trade bonuses.

In contrast with May & Baker, Stafford-Miller do believe consumer advertising helps sell their travel sickness preparation. Joyrides is being supported in national Press through to September. Advertisements appear in the dailies and women's magazines. There are also to be over 100 radio spots during June and July in London and the South.

Joyrides claim an overall share of 12.7 per cent in the market which Stafford-Miller estimate to be worth £1.75 million at rsp.

While we are mentioning brand shares, it is worthwhile pointing out that the travel sickness sector is one for which market size and shares are difficult to validate. In making their claims, companies may include or exclude Boots outlets in their figures; brand shares may be specified for all products, including those mainly used on prescription or just those promoted for OTC use; and volumes may be quoted as selling units or dose-equivalent units. Values and brand shares quoted in this article should be read in view of these points.

One thing is certain however: manufacturers will quote figures to show their own brands in the best light.

Estimates of market size also seem to

**The travel sickness market is little audited but seems to have grown to about double its 1981 value. Only one company uses magazine and radio advertising for its product. Others tend to promote mainly to the trade maintaining it is the pharmacist who does the selling.**

vary considerably. Farley Health say that the market is hardly audited and stands at around £2 million total. Nicholas Laboratories also estimate the market to be worth about £2m-£2½m. May & Baker estimate it to be worth about £1.6m. But they say sales through independent chemists stand at around 2 million units. Searle value the market as low as £741,000.

Stugeron is claimed to be brand leader of the market which makers Janssen attribute to pharmacists' recommendation.

The product is being supported by new POS material and is currently on special offer to the trade.

## Brand loyalty 'low'

May & Baker's Simon Fitall believes the travel sickness sector is curious on two counts. Firstly, he says, there is great brand awareness but very low brand loyalty. And the chemist is under some pressure to stock the whole range, or a good part of it, probably giving too much space on facings in relation to market size. However, margins are good, so large facings can be justified to some extent, Mr Fitall says.

**Kwells is claimed as brand leader. Sales peak in the summer with most travel sickness remedies being bought OTC, say Nicholas Laboratories.**



**Window display for Dramamine. Searle say the product has been used on trips to the Moon.**

A suggestion is that chemists could alternate their travel sickness facings with winter remedies because the travel sickness sector is still seasonal in terms of sales, despite people taking more frequent breaks.

Mr Fitall also believes the market will grow over the next three years and possibly over the next five. That separates it from other OTC areas which he says, seem to be stagnant at present.

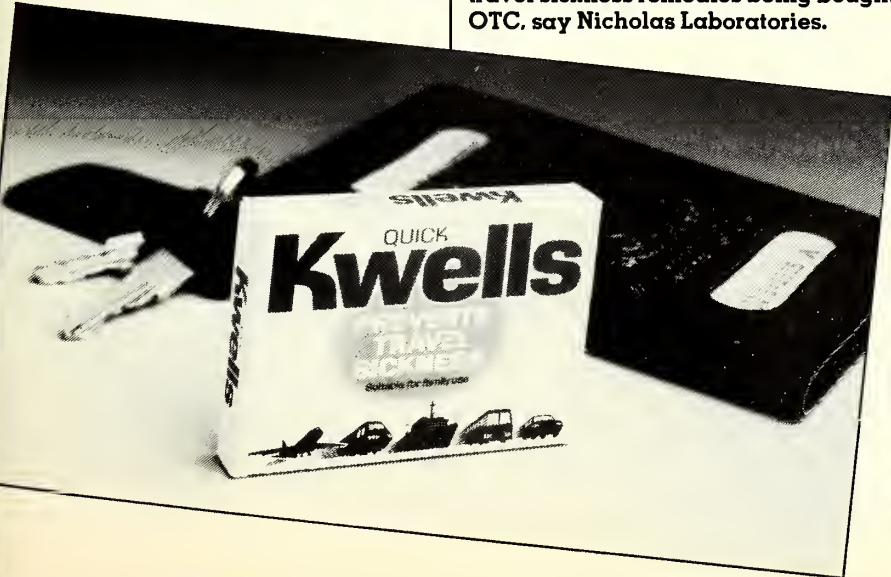
Avomine had an 8.7 per cent share of the sector last year, claims Mr Fitall, which increased to 12.3 per cent in January / February. May & Baker are repeating their leaflet titled: "Your guide to holiday health care" this year. Just under two million are to be printed for distribution through ticket wallets which are exclusive to the company, says Mr Fitall.

There is also a series of "Homecare" leaflets covering different aspects of health care in the home, storage of medicines, expiry dates, etc. M&B products are mentioned where relevant and the involvement of a pharmacist as a source of information and advice is stressed. One of the series of leaflets will appear on the company's counter display unit. The rest of the series may be obtained by sending an SAE to the address on the sample leaflet. There is also space for the pharmacy stamp.

As for new products, none are planned. Mr Fitall explains that even trying to move into the children's sector would not be cost-effective.

Sea-legs are to be advertised in money-off voucher booklets distributed through travel agents to about six million travellers. Unfortunately for independents, the vouchers are redeemable only in Boots.

The brand has an overall 20 per cent share of the market, claim Farley and is to





# TRAVEL SICKNESS

be supported by new POS material which echoes the suitcase packaging on the display outer holding 20 packs.

Dramamine was recently re-packaged and is supported by new display material. Searle claim a 13 per cent value share for the brand.

## 'Wave sickness goodbye'

New window display material follows the theme "Dramamine waves goodbye to travel sickness" and the unit carried a recommendation to the consumer: "Ask your chemist's advice". A coloured beachball decorated with a lifebelt featuring the Dramamine logo is provided to complete the display.

Wellcome claim that Marzine has a 15 per cent share of the 2 million purchases of travel sickness preparations each year.

The company advises pharmacists to stock up early and stock up well as people start taking their annual holidays from Easter onwards. To encourage stocking Wellcome have offered bonus terms of 12 invoiced as 10 — minimum order one case.

Traveltabs from English Grains are on

10 per cent trade discount to meet seasonal demands, says the company.

Cupal believe their share of the travel sickness market to be about 5 per cent through independent chemists for their Bon Voyage tablets.

Promotional terms until the end of the month are 15 to the dozen on every three dozen.

Nicholas Laboratories claim that around 15 per cent of the population suffers from travel sickness most of whom are adults,

contrary to popular belief. Sales of travel sickness preparations peak in the Summer with 60 per cent in July and August, claims the company, and only 5 per cent on prescription.

Nicholas Laboratories also claim brand leadership for Kwells at 22 per cent "on an equivalent dose basis" in the sector including OTC and prescription-promoted products. The share rises to 39 per cent if OTC products only are considered, says the company.

Discounts are available to the trade on the brand until June together with display material, says the company. A showcard in the form of a suitcase and a children's card bingo game are available again this year, as both proved successful last year, says the company.

**POS material from Farley Health Products available from company salesmen who are also offering trade bonuses on Sea-legs.**



POS material for Stugeron. The tablets were used by British forces on their trip to the Falkland Islands say Janssen.

## Travel sick kids? Always recommend **Joy-Rides**

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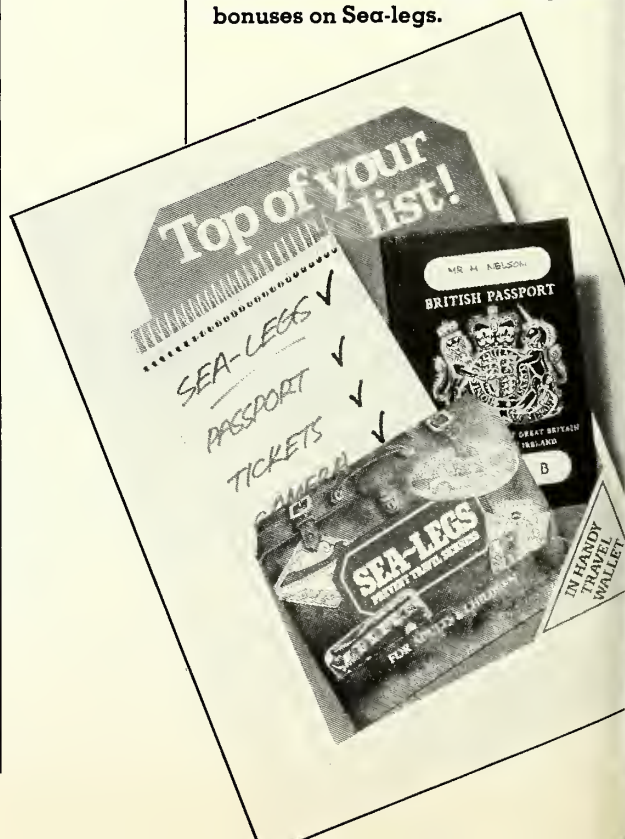


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from  
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## LETTERS

continued from p786

the DHSS, to provide adequately for a legitimate parallel importer to go unimpeded about his business would be regarded by the European Commission as a serious breach of Community law according to Article 30 of the Treaty of Rome.

I submit that the UK authorities would do well to study the Dutch system of PI licensing which was originally of a "provisional" nature. This scheme was to the mutual benefit of the Health Authority and the parallel importer as applications were dealt with in an orderly fashion over a reasonable period of time.

**M.C. Hamilton**

Stephar bv, Holland

## Xrayser's assassination — fact or fantasy?

The report of the assassination of Xrayser (late President — very late) comes at a time when many felt Xrayser was reaching the very height of his prowess as an articulate purveyor of turning arguments inside out and pointing three ways at once.

It hurts me to recall his latest (can it really be his last?) statements concerning my recent letter. It occurs to me that I would be a singularly honoured person to be the one mentioned in his very last column.

It grieves me very much to say that his assassination, with which I would have you believe I had no connections whatsoever, could be a timely event since his last epistle showed evidence of his declining powers.

He started off well enough, hoping that everyone had read my letter, but then alas he said that many would accept the lack of guidance over parallel importing as being self-evident.

He then went on to say that this isn't true, stating that the National Pharmaceutical Association indemnity insurance is an example, and then quoting the Society's attitude (not exactly a ball of fire) had been made clear enough, in spite of the report of the long debate that took place over PI and reported in the same issue as Xrayser's remarks. The debate certainly made clear how unclear attitudes of Council members were over parallel importing. As for the PSNC, I acknowledged that they would be undoubtedly working hard to arrive at some clear arrangement with the DHSS, and that they should deserve some solid back-up from the members of the Society.

After all this Xrayser stated that it was his view that a full-blooded professional reaction to parallel importing should have been started by the Society — exactly what I was implying in the first place.

"How can one man collate all the material and mount a proper campaign etc?", he asked. The answer is that he can't, but he will do his very best — and those people who give him support sitting in their bots are not to be sneered at — at the very least they are doing something positive. Indeed, the very idea of everybody doing their own thing would be calamitous. Democracy depends on a few chiefs and a lot of Indians.

Xrayser finally talks about the PSGB elections which presumably ask a lot of members of the profession who are sitting in their bots to vote — are not voters also expecting those who are elected to the work in repayment for the cross the bot sitters stick in the voting paper?

Ah well! Let us hope the news of the assassination was just a fragment of a rather wild imagination, and perhaps once again we can be regaled by Xrayser's merry quips. Who knows, next year we may even remember to get his name put forward for election — but then we will never know, will we?

**John Davies**

Liveliscombe, Somerset

Chemist & Druggist 21 April 1984

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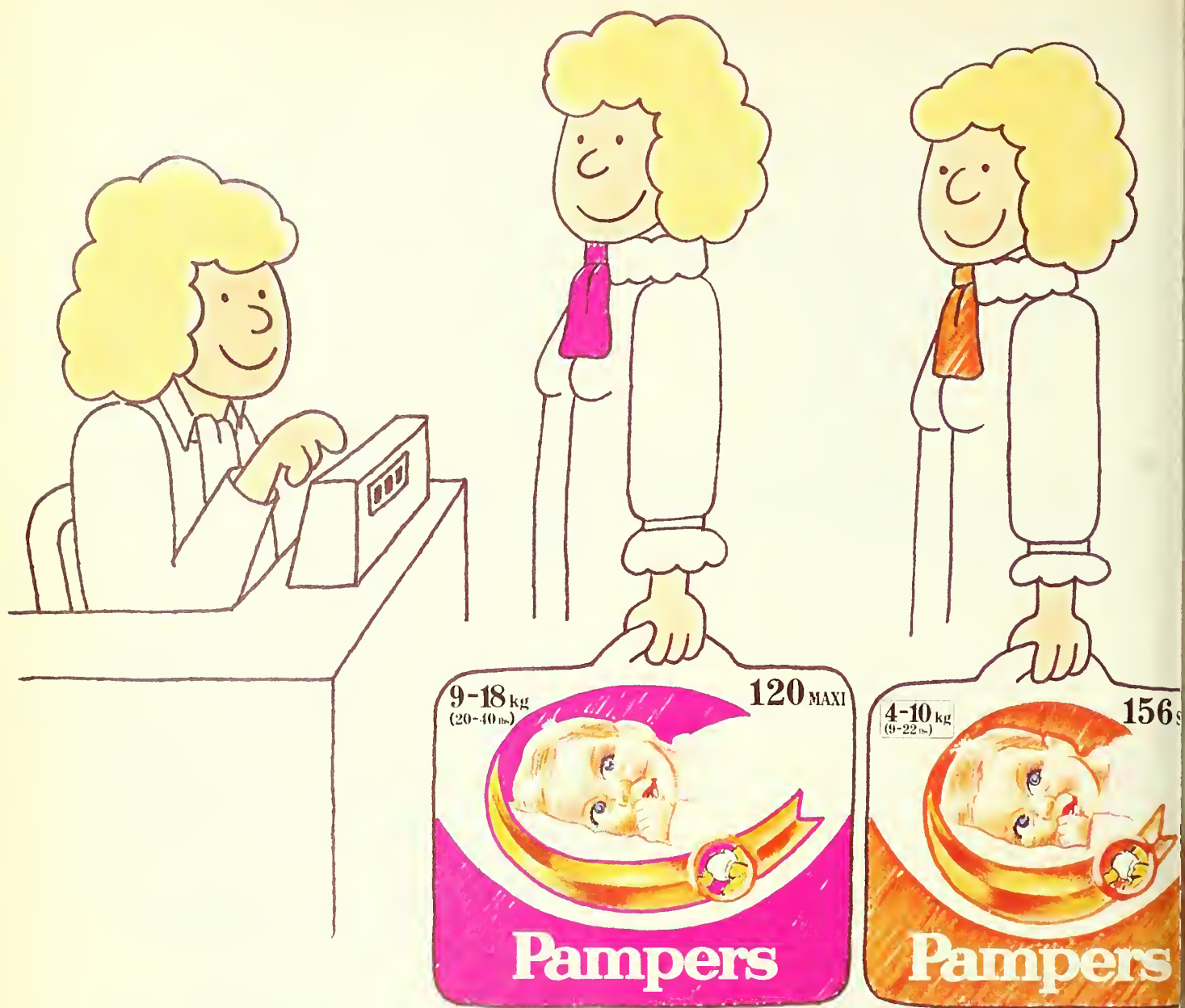
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# ABPI £¼m for WHO Third World scheme

**Member companies of the Association of the British Pharmaceutical Industry are to spend at least £250,000 "to help with supply of basic medicines for the world's poor."**

A feasibility study, will explore ways of supplying drugs to people in developing countries. It will focus on a small number of the world's least developed areas and look at effective procurement of medicines, safe storage, quality control and distribution to deprived rural areas.

ABPI member companies already have six research centres, some 60 formulation and packaging plants and 17 pharmaceutical chemical plants in developing countries. And British firms are among the 60 pharmaceutical companies which have offered to supply drugs at non-commercial prices for the essential drugs programme which the World Health

Organisation is trying to encourage.

Reporting on the scheme, an article in the *Guardian* casts doubts on the motives of drug firms contributing. It repeated a letter written in November 1983 by Mr Peter Cunliffe, the then president of ABPI, saying the drug industry was acting only under pressure and that it was determined to spend money in a "politically stable country with a small population... probably Swaziland."

A spokesman for the ABPI denies the accusation: "It was obviously the *Guardian's* own interpretation of a private letter. But it's not one we would go along with. And the country has still to be determined."

The *Guardian* also indicated that so far only four companies have responded to the appeal which went to all UK manufacturers. The ABPI told *C&D* that the number of companies contributing is actually six — ICI, Wellcome, Beecham, Glaxo, Boots and Fisons.

## Fisons join Govt criticism

**Fisons have used their annual report to join in recent industry criticism of the Government's attitude towards pharmaceutical manufacturers.**

"The enforced reductions in pharmaceutical prices by the DHSS come strangely from a Government committed to non-intervention and which claims to have abolished price controls" says outgoing chairman George Burton.

"Government-enforced price reductions in the UK will almost certainly trigger off similar or greater action in almost all countries of the world."

This view is supported by John Valentine, chairman of the pharmaceutical division. "The attitude of Government authorities in a number of world markets is of particular concern, and nowhere more so than in the UK" he says. "Expansion of manufacturing and R&D here must be put into question."

## Retail prices

The Department of Employment retail prices index for all items reached 345.1 in March 1984 (January 1974 = 100). This represents an increase of 0.3 per cent on February 1984 (344.0) and an increase of 5.2 per cent on March 1983 (327.9).

## Plough UK to vanish?

**Internal re-organisation at Schering-Plough could lead to the disbanding of its consumer products subsidiary, Plough UK.**

All the brands Plough are responsible for marketing will be moved to other Schering-Plough subsidiaries — Maybelline will go to Rimmel immediately while Coppertone sun tan preparations and proprietary medicines brands, including Rinstead pastilles and Meggezones, will be marketed by Scholl from July 31.

Schering-Plough say that this will be more cost-effective, leading to a rationalisation of sales forces and other services. Only key staff will transfer along with the products. Scholl md Graham White told *C&D*: "We will continue to trade under the Plough name, but the company itself will probably go out of existence."

## More problems for Macarthy's

**Glaxo, Amersham International, Beecham and Bepak all get "buy" recommendations in a survey of pharmaceutical manufacturers.**

Macarthy's get the worst write-up of the nine companies reviewed — although even here the recommendation is that shares be retained. "There is no evidence that the worst is over for Macarthy's" say stockbrokers Grieveson Grant. "Although they may eventually benefit from problems such as clawback and parallel importing through the demise of weaker competitors."

Strongest recommendation is received for Glaxo ("outstanding profit growth in both the short and the long term") and Bepak ("a small company with outstanding growth prospects").



John Ward, MPS, of Stockport, Cheshire, (left) receives the Konica FC1 camera collection from Worth Photoservice sales manager Mr B. Whitaker, as first prize in the Worth "Pick a Print" competition held at Norchem 84 in Blackpool

## Record aerosol fillings in 1982

**A record breaking 582 million aerosols were filled in 1983, with medicinals and pharmaceuticals contributing 5.75m units — a 9.5 per cent increase on the previous year and a record total.**

Personal products including shaving lathers and deodorants/antiperspirants increased greatly — 23/24 per cent. But it was in hairsprays and hairdressings that the most substantial increase occurred. Fillings in this sector are said to have increased by

28.4 per cent to 124.5 million units.

Household products have not fared quite so well, mainly due to the reduction in exports of insecticides and air fresheners to the Middle East and Africa, says the British Aerosol Manufacturers' Association. An exception was waxes and polishes in which a new record of 50 million units was set.

The Association believes the figures demonstrate the vitality of the aerosol market and say that it is set for a period of further growth.



## Kingswood hit by NHS terms

Kingswood Chemists' profit was again hit by "a further worsening in ongoing NHS contractors' terms" in 1983 – but over-the-counter sales responded to stronger promotion and achieved real growth despite "continuous intense competition".

The annual report of parent company

Booker McConnell says that counter sales were particularly buoyant in the final quarter when new product ranges were well received. A new trading image was launched at the end of the year in a prototype store at Haywards Heath, with a re-designed fascia and a wider stock assortment.

The group's Holland & Barrett health store chain produced a sharp increase in profit and sales volume; the group has also been building up Realfare as the first symbol trading group in the health food sector.

## Never on a Sunday

**Total opposition to Sunday trading in any form is to be considered at the annual delegation of shopworkers' union USDAW.**

The proposition, put forward by Northampton General representatives, and supported by two other regions, opposes in particular the suggestion that members will work the four Sundays before Christmas.

**Global Pharmaceuticals** have moved to Unit 4, 271 Merton Road, Wandsworth, London SW18 5JS (tel 01-870 7416).

## Chemists – late retirements

The relative stability in pharmacy numbers over the last few years is attributed to pharmacists retiring, because they cannot afford to give up their businesses, suggests a recent article in *Marketing* on the retail chemist sector.

Another reason is the influx of Asian pharmacists who operate on lower

curious hybrid of professional pharmacist and street trader is facing change as he has never faced it before," says the article. overheads by working harder. "Yet this

## COMING EVENTS

### South West LPCs conference

A conference of local pharmaceutical committees to discuss the new contract proposals is being organised by Devon LPC. It will take place on May 20 in the ballroom of the Exe Vale Hospital (Wonford Branch) Dryden Road, Exeter, starting at 2.30pm.

Somerset LPC have already asked to participate and the invitation is extended to

the Cornwall and Avon LPC areas (and Gloucester if it is not too far to travel). Fuller details will be circulated later through the PSNC. In the meantime inquiries to LPC secretary L. W.J. Simpson, 1 Leatfield Drive, Derriford, Plymouth PL6 5HP (tel 0752 772830).

## Unichem waiting list

Unichem's forthcoming Portugal conference is a sell-out. All 350 places have now been taken. However a waiting list has been opened in case of cancellations, and pharmacists wanting to be placed on the list should apply to Lynne Farmer at Soler Touriste.

The conference programme is currently being finalised and will be published shortly.

*Tuesday, April 24*

**Croydon Branch, Pharmaceutical Society.** The Medical Centre, Mayday Hospital, at 8 pm. Annual meeting followed by "Prussic Acid, Patents and Professors" by Dr Louis Sharp, BSc, PhD, PLD, FPS.

**Stirling and Central Scottish Branch, Pharmaceutical Society.** Regency Suite, Terraces Hotel, 4 Melville Terrace, Stirling, at 8 pm. Annual meeting followed by film "Bangles, Bees and all that Ballyhoo", and an Italian evening.

*Wednesday, April 25*

**Crawley, Horsham & Reigate Branch, Pharmaceutical Society.** Boots Ltd, Queen's Square, Crawley, at 7.30 pm. Annual meeting

*Advance information*

**Industrial Pharmacists Group.** 1 Lambeth High Street, London SE1 7JN, on May 3, at 10 am. Meeting on "The presentation of medicines". Registration is £15 for members and £30 for non-members, including lunch and tea. Forms can be obtained from R.E. Marshall at the above address.

**Hospital Pharmacists Group, Pharmaceutical Society.** 1 Lambeth High Street, London SE1 7JN, on May 11, at 10.45 am. Annual meeting, and talks by Miss M. Hodges, Miss M. Tompkins and J. Cromarty. For further information on fees and registration contact the above address or telephone 01-735 9141.

**Hospital Pharmacists Group, Pharmaceutical Society.** 1 Lambeth High Street, London SE1 7JN, on May 18, at 9.30 am. Meeting on "Hospital-based manufacturing". Fees £20 for members and £30 for non-members, inclusive of meals. Forms may be obtained from R.E. Marshall at the above address or telephone: 01-735 9141.

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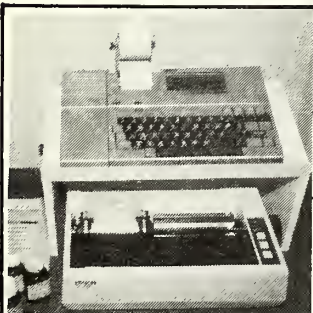
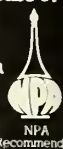
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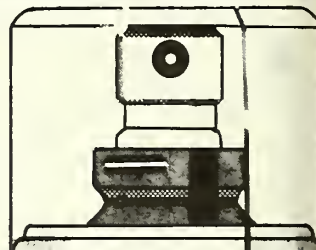
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## Dispensing justice

Hospital pharmacist Mrs Jennifer Foster has been appointed a Justice of the Peace in Croydon.

The principal pharmacist for psychiatric, geriatric and community services to Wandsworth Health Authority, Mrs Foster will spend around 26 half-days a year on local magistrate duties.

After two years service she may also sit for cases in the Crown Court, and there are various special committees she may join. "I'm not sure about that yet though. Specialising will mean that I've got less time to spend on more general duties," she says.

Mrs Foster began her career in pharmacy with Nicholas Laboratories Ltd and then went on to spend some time in community pharmacy in Nottingham, the home counties and Bristol. She joined hospital service in 1962 and eventually settled in the Wandsworth area in 1978.

## Help needed

Richmond Fellowship for Mental Welfare is looking for an experienced retailer to help expand its charity shops operation.

The charity — which provides homes and assistance to people recovering from mental illness — says the post offers someone about to retire the chance to use their hard-earned skills usefully.

Interested pharmacists are asked to contact Bob Grove at 8 Addison Road, Kensington, London W14 8DL.

## DEATHS

**Beard:** On April 9, Mr Bertie Leonard Beard, FPS, *Mr R. Worby, secretary, Barking & Havering and Redbridge & Waltham Forest LPCs*, writes: Bertie Beard was a legend in his own time — surprisingly really because he never sought the limelight. He was by nature somewhat reticent yet was an excellent leader of his colleagues.

His contribution to his chosen profession was a great credit to him — not flamboyant, not aggressive, but as a dedicated practitioner and exponent of the profession of pharmacy. This dedication was formerly recognised when in 1969 he was designated a Fellow of the Pharmaceutical Society of Great Britain for distinction in the profession of pharmacy.



Nine former captains of the Manchester and District Pharmaceutical golfing Society were among 30 members who attended the annual general meeting and dinner this month. Retiring captain Bob Anderson (centre left) congratulates his successor Mac Powrie, in front of (left to right) Brian Aldridge, Charlie Hall, Jack Hayhurst, Neil McIntosh, Neil Fergusson, Sid Tobias — the current secretary, Jack Roylance and treasurer Ray Peake. Formed in 1921 it is one of the oldest pharmaceutical golfing societies in the country. It comprises 40 members with a membership fee of only £1.

## PI's other face

How to lose friends — and customers...

A senior-citizen relative of a member of C&D's staff wrote this week with the following information and question: "I get my tablets from a small chemist in... Street. The Salazopyrin are in separate tinfoil and are made in Italy; the Kinidin Durules are called Kinidini Durettes and are made in Brussels. I know there was some talk in the papers a few weeks ago complaining about chemists buying from abroad. Do you think I should go to Boots for these tablets instead of a private chemist in future?"

What is the answer to that?

## APPOINTMENTS

**Food and Drink Industries Council:** Sir Derrick Holden-Brown, chairman and chief executive of Allied-Lyons has been elected chairman of the Council.

**Rand Rocket:** Alan Nelson is promoted to national sales manager from the post of regional sales manager. Ken Harvey, sales training manager, has been given responsibility for marketing the Button infuser and the Markwell pen pump.

**Roche Products Ltd:** Miss S.J. Le Feuvre is appointed marketing manager. Previously she held marketing positions in Merck, Sharp & Dohme and Beecham Research.



The highly acclaimed Aston Apothecaries of Kazoo! They broke off from a fabulously-successful (if imaginary) world tour just to perform at the British Pharmaceutical Students Association's 42nd annual conference ball. Their repertoire includes a special arrangement of 2001: A Space Odyssey and a "swinging" version of Pennsylvania 65000. Believe it or not delegates at the conference wanted to ban the sale of alcohol (from pharmacies). However, one delegate believed that while tobacco sales should be banned the pharmacist was in a better position to spot alcohol abuse at an early stage than other retailers.



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